State of Rhode Island and Providence Plantations Office of the Secretary of State			
	Division Of Business		
	148 W. River S Providence RI 0290		
HOPE	(401) 222-30		
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000097153</u>			
2. Exact Name of the Limited Liability Company <u>VETCOR OF RIVERSIDE LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541940</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
VETERINARY SERVICES			
5. Principal Office Address			
No. and Street: <u>C/O RIVERSIDE ANIMAL HOSPITAL</u>			
<u>815 WILLETT AVENUE</u> City or Town: <u>RIVERSIDE</u> State: <u>RI</u> Zip: <u>02915</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: WENDY KOELSCH Contact Title: CORP. COUNSEL			
No. and Street:350 LINCOLN PLACE, SUITE 111City or Town:HINGHAMState:MAZip:02043Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of October, 2017 at 8:14:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PETER R. DEFEO, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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