S	tate of Rhode Island and P Office of the Secre		Fee: \$50.00
	Division Of Busin	ess Services	
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-3		
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>000099736</u>			
2. Exact Name of the Limited Liability Company <u>VETCOR OF WARWICK 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 here. More information on NAICS 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 Addre	SS		
	VICK ANIMAL HOSPITAL		
	LMWOOD AVENUE		
City or Town: WARV	<u>WICK</u>	State: <u>RI</u> Zip: <u>02888</u> C	ountry: <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: <u>350 LINCOLN PLACE, SUITE 111</u> City or Town: <u>HINGHAM</u> State: <u>MA</u> Zip: <u>02043</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.			
	-		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code Country
			Court y
·			

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 8:18:31 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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