Office of the Secretary of State Division Of Business Services 148 W. River Street Providences Providences 148 W. River Street Providences Providences 148 W. River Street Providences Providences Utility Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company falling or refusing to file its annual raport within bitry (20) days after the time prescribed by law (R.I.G.L. 7- 10 Boo 0016665337 2. Exact Name of the Limited Liability Company VETCOR OF LINCOLN LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Downlot the list of codes here, More information on NAICS can be found online. 541940 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: 207 FRONT STREET LINCOLN State: RI zip: 02865 Country: US <					
I48 W. River Street Providence RI 02904-2615 (401) 222-3040 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&d)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 0016665337 2. Exact Name of the Limited Liability Company VETCOR OF LINCOLN LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Downlot the list of codes here. More information on NAICS can be found online. 541940 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islam VETERINARY SERVICES 5. Principal Office Address No. and Street: 207 FRONT STREET LINCOLN ANIMAL HOSPITAL City or Town: LINCOLN Contact Name: WENDY KOELSCH Contact Title: CORP. COUNSEL No. and Street: 350 LINCOLN PLACE, SUITE 111 City or Town: HINGHAM State: MA Zip: 02043 Country: U: 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	s s			Fee: \$50.00	
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DO NOT LIST MEMBERS					
Title Individual Name Address					
	Title	Individual Name	Address		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Countr		First, Middle, Last, Suffix	Address, City or Town, State, Zip C	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 20 Day of October, 2017 at 8:32:54 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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