



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 69637		2. Exact name of the Corporation Mt. Hope Animal Hospital, Inc.			
3. Principal Office Address 645 Bristol Ferry Road			City Portsmouth	State RI	Zip 02871
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island To Conduct Veterinary Practice, Boarding, Grooming of Animals			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher J. Bert			Vice-President Name		
Street Address 645 Bristol Ferry Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Christopher J. Bert			Treasurer Name Christopher J. Bert		
Street Address 645 Bristol Ferry Road			Street Address 645 Bristol Ferry Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		50		Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Christopher J. Bert					Date 8/8/17
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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