RI SOS Filing Number: 201868980110 Date: 6/8/2018 4:00:00 PM

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

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
000505009	RHODE ISLAND COMMUNITY SPAY-NEUTER CLINIC
3. NAICS Code	**4. Brief description of the character of business conducted in Rhode Island**
813312	VETERINARY CLINIC PROVIDING HIGH QUALITY, SUBSIDIZED SPAY AND NEUTER SERVICES
5. State of Formation	
RHODE ISLAND	

6. Principal Office Address	City	State	Zip
235 ELM STREET	WARWICK	RI	02888

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
LAURA CARLSON	BOARD PRESIDENT		
Street Address	**City**	**State**	**Zip**
P.O. BOX 6785	WARWICK	RI	02887

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
Street Address	Street Address
City / State	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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 Person	Date
GILBERT A. FLETCHER	06-04-2018

Signature of Authorized Person: Gilbert A. Fletcher SIGN DOCUMENT HERE

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

FILED
JUN 08 2018
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FORM 632 - Revised: 10/2017