State of	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00		
Division Of Business Services					
	148 W. River St				
	Providence RI 0290				
HOPE	(401) 222-304	40			
Professional Corporation Annual Report Filing Period: January 1 - March 1					
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by la				
ANNUAL REPORT YEAR: 2019	<u>-</u>				
1. Corporate ID No. 00000	08195				
2. Name of Corporation Green	nville Animal Hospital II, Ltd.				
3. Street Address Principal Bus	siness Office:				
No. and Street: <u>24 CEDAR</u>	SWAMP ROAD				
City or Town: <u>GREENVII</u>	<u>LE</u> St	ate: <u>RI</u> Zip: <u>02828</u> Cou	untry: <u>USA</u>		
4. Business Phone No.					
401-231-8120					
5. State of Incorporation					
State: <u>RI</u>					
	ARTICLE III				
Enter the six digit NAICS Code the list of codes here. More inform			ity. Download		
<u>541940</u>					
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island			
VETERINARIAN					
7. Names and Addresses of the	e Officers and Directors:				
All officers and directors mu Incorporator is no longer a	ust be listed. If officers and/opplicable; please delete.	or directors have been electe	d, the title		
Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country		
PRESIDENT	FLOYD H GRAHAM JR	P. O. BOX 57	8		
		GREENVILLE, RI 02828			

OTHER OFFICER	FLOYD GRAHAI	M	,	
8. Shares Authorized and Iss	ued			
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	600.00	100
signatory, under penalties of act and deed of the corpora electronic filing, in complian By <u>FLOYD GRAHAM</u> Signature of Authorized R	tion, and that the fac nce with R.I. Gen. La	ets stated herein are t ws § 7-1.2.		
Form No. 630 Revised 09/07				
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