



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

STAMP

Annual Report for the year: 2019 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 82789		2. Exact name of the Corporation West Greenwich Animal Hospital, Inc.			
3. Principal Office Address 14 Victory Highway			City West Greenwich	State RI	Zip 02817
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island To provide professional veterinary services to the public.			
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 Amy K. Pratt, DVM			Vice-President Name Ralph D. Pratt, DVM		
Street Address 14 Victory Highway			Street Address 14 Victory Highway		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Amy K. Pratt, DVM			Treasurer Name Ralph D. Pratt, DVM		
Street Address 14 Victory Highway			Street Address 14 Victory Highway		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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	
		2,000		Common	
				PAR VALUE	
				No Par	
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.					
<i>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.</i>					
Name of Authorized Representative Amy K. Pratt, DVM					Date 2/4/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

FEB 11 2019
 BY **4537**
 DS
 FORM 630 - Revised: 10/2017