



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

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.

STAMP

1. Entity ID Number 1664135		2. Exact name of the Corporation CAAL Corporation												
3. Principal Office Address 660 Woonasquatucket Avenue			City North Providence	State RI	Zip 02911									
4. NAICS Code 541940 Other Services (except Public Administration)		6. Brief description of the character of business conducted in Rhode Island a veterinary hospital and clinic and any and all lawful business thereto												
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 Craig L. Hopkins			Vice-President Name Craig L. Hopkins											
Street Address 660 Woonasquatucket Avenue			Street Address 660 Woonasquatucket Avenue											
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911									
Secretary Name Craig L. Hopkins			Treasurer Name Craig L. Hopkins											
Street Address 660 Woonasquatucket Avenue			Street Address 660 Woonasquatucket Avenue											
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100	Common	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.														
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 Craig L. Hopkins, President					Date 2/12/19									
Signature of Authorized Representative														

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

FEB 21 2019

FORM 630 - Revised: 10/2016

BY **2022 DS**