



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.

FILED

FEB 28 2019

BY

3420

1. Entity ID Number 000003323		2. Exact name of the Corporation NORTHERN RHODE ISLAND ANIMAL HOSPITAL, INC.			
3. Principal Office Address 152 SCHOOL STREET		City FORESTDALE		State RI	Zip 02824
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island OPERATE A HOSPITAL FOR THE CARE OF ANIMALS & SUCH OTHER ACTIVITY, AS ALLOWED UNDER RI BUSINESS CORPORATION ACT.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JEFFREY S. LOGAN			Vice-President Name		
Street Address 352 LLOYD AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 CNP NPV		
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 JEFFREY S. LOGAN					Date 1/30/19
Signature of Authorized Representative <i>Jeffrey S. Logan</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017