



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Div.
100 North Main St
Providence, RI 02903-1
401 222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 132233		2. Name of Corporation R.I. Animal Medical Center - Four Paws Pet Resort, Inc.			
3. Street Address Principal Business Office 343 Warwick Avenue		City Warwick	State RI	Zip 02888	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARY CLINIC, BOARDING AND GROOMING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES CALLANAN			Vice President Name KEVIN CALLANAN		
Street Address 343 Warwick Avenue			Street Address P.O. Box 2890		
City Warwick	State RI	Zip 02888	City Nantucket	State MA	Zip 02584
Secretary Name JOHN D. BIAFORE			Treasurer Name JEFFREY KASCHULUK		
Street Address 26 Ship Street, 2nd. Fl.			Street Address P.O. Box 2890		
City Providence	State RI	Zip 02903	City Nantucket	State MA	Zip 02584
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHARLES CALLANAN			Director Name KEVIN CALLANAN		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name JEFFREY KASCHULUK			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			300	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



132233

FILED

File Date
APR 08 2005

Check No.
By: CB

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer
CHARLES CALLANAN

3/ /05

Date

Print or Type Name of Officer

PRESIDENT

Title of Officer



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* 1 3 2 2 3 3 *

File Date 4/16/04

Check No. 2060

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 4/5/04
CHARLES CALLANAN

Print or Type Name of Officer

PRESIDENT

Title of Officer