

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divis 100 North Main St Providence, RI 02903-1

	Brown, Secretary of				101.222.3	
PROFIT CORPO	RATION AND	NUAL REPOR	T FOR THE YEAR	R 2005		
Filing Period: January 1 (FORM MUST BE TYPED OR PR		ng Fee: \$50.00		-		
1. Corporate ID No.	2. Name of Corporation					
132233	R.I. Animal Med	dical Center - Four Paw	s Pet Resort, Inc.			
3. Street Address Principal Business 343 Warwick Ave	Office .		Cuy Warwick	State RI	Zip 02888	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
		RHODE ISLAND			0. SIC CIXIE	
7 Brief Description of the Character VETERINARY CLINIC,	of Business Conducted in BOARDING AND GRO	Rhode Island DOMING SERVICES			<u> </u>	
8. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT)	ACEC BEFORE VENA		
President Name		, , , , , , , , , , , , , , , , , , , ,	Vice President Name	PACES BEFORE USING A	VITACHMENTS	
CHARLES CALLANAN			KEVIN CALLANAN			
343 Warwick AVenue			Street Address P.O. Box 2890			
Cuy Warwick	State	Zip	City	State	Zip	
	RI	02888	Nantucket	MA	02584	
JOHN D. BIAFORE			Treasurer Name JEFFREY KASCHUL	UK	······································	
26 Ship Street, 2nd. Fl.			Sirvet Address P.O. Box 2890			
Providence	State RI	02903	City Nantucket	State MA	21p 02584	
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) [] FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
CHARLES CALLANAN			Director Name KEVIN CALLANAN			
Street Address			Street Address			
same as above			same as above			
City	State	Zip	City	State	Zip	
JEFFREY KASCHULUK	******************************	. 4	Director Name	····l·······	.1	
Sinvi Addres same as above			Street Address			
City	State	Zip	City	State		
				Sittle	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT) 🔲	: 11. SHARES ISSUED ("X	TO BOX FOR ATTACHME	['A'7') □	
AUTHORIZED SHARES			ISSUED SHARES		····/ U	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
500 COMM NO PAR VALUE					 	
			300	Common	No Par Value	
			1			

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

			132233	
File Date	FILE	D]_
Check No.	APR 08	2005	258	1
By:	Ву	015		
r:	OR SECRETARY OF ST	ATIE USE ON	l.Y]

Under penalty of perjury of declare and affirm including any accompanying settroules and secontained herein are true and correct.	that I have examined this report tatements, and that all statements
1////	3/ /05
Signature a) Officer CHALRES CALLANAN	Date
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	

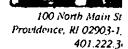
Form 630 Rev. 12/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY



Form 630 Rev. 12/03

2004

ROFIT CORPORATION ANNUAL REI	PORT FOR THE YEAR
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 132233 R.I. Animal Medical Center - Four Paws Pet Resort, Inc. 3. Street Address Principal Business Office State 343 Warwick Avenue Warwick RI 02888 4. Business Phone No. 5. State of Incorporation G. SIC Code RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARY CLINIC, BOARDING AND GROOMING SERVICES Vice President Name CHARLES CALLANAN KEVIN CALLANAN 343 Warwick Avenue Singraddrig Box 2890 Warwick ^{Zip}02888 Nantucket State RI MA 02584 Secretary Name JOHN D. BIAFORE . JEFFREY KASCHULUK Street Address 26 Ship Street, 2nd. Fl. P.O. Box 2890 Providence State RI 02903 Nantucket MA 02584 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name CHARLES CALLANAN KEVIN CALLANAN Street Address Street Address same as above same as above City State Zip City State ZIP Director Name Director Name JEFFREY KASCHULUK Street Address Street Address same as above City State Ζip City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) □ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements and that all statemen contained herein and true and princes File Date 4/5 /04 Signature of Office CALLANAN Date Print or Type Name of Officer PRESIDENT

Title of Officer