



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. 13037		2. Name of Corporation SOUTH COUNTY VETERINARY HOSPITAL, INC.		
3. Street Address Principal Business Office 481 Mass St		City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-2400		5. State of Incorporation RHODE ISLAND		6. SIC Code 1958
7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARY HOSPITAL.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Howard Trost		Vice President Name Rebecca Green		
Street Address 440 Suzanne Lane		Street Address P.O. Box 16		
City Wakefield	State RI	Zip 02879	City Clayville	State RI
Secretary Name Peter Roy		Treasurer Name Eric Otis		
Street Address 3906-B Tower Hill Rd.		Street Address 20 Management Ave 13-0		
City Wakefield	State RI	Zip 02879	City Management	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Howard Trost		Director Name N/A		
Street Address 440 Suzanne Lane		Street Address		
City Wakefield	State RI	Zip 02879	City	State
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
500	NO PAR VALUE		0	NO PAR

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



FILED
File Date
Check No. MAR 02 2005
By: M 59493
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: Howard Trost
Date: 2/26/05
Print or Type Name of Officer: Howard Trost
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 13037		2. Name of Corporation SOUTH COUNTY VETERINARY HOSPITAL, INC.			
3. Street Address Principal Business Office 481 Mass St.			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-2400		5. State of Incorporation RHODE ISLAND			6. SIC Code 1958
7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARY HOSPITAL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Howard Trumb			Vice President Name Deborah Green		
Street Address 440 Sycamore Lane			Street Address P.O. Box 16		
City Wakefield	State RI	Zip 02879	City Clayville	State RI	Zip 02815
Secretary Name Peter Roy			Treasurer Name E. J. Otis		
Street Address 3906-B Tower Hill Rd			Street Address 20 Nanningsseth Ave. 13-D		
City Wakefield	State RI	Zip 02879	City Nanningsseth	State RI	Zip 02892
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Howard Trumb			Director Name H. Trumb		
Street Address 440 Sycamore Lane			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name H. Trumb			Director Name H. Trumb		
Street Address			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 500			ISSUED SHARES -0-		
Number of Shares 500	Class/Series	Par Value -0-	Number of Shares	Class/Series	Par Value -0-
500 NO PAR VALUE					

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



* 1 3 0 3 7 *

File Date 4/28/04
Check No. 7685
By: W.
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 Howard Trumb Date 1/26/04
Print or Type Name of Officer H. Trumb DVM
Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **13037** 2. Name of Corporation **SOUTH COUNTY VETERINARY HOSPITAL, INC.**
3. Street Address Principal Business Office **481 Main St.** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1958**

7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinary Hospital

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Dr. Howard Troob Street Address 440 Sycamore Lane City Wakefield State RI Zip 02879	Vice President Name Dr. Deborah Green Street Address P.O. 16 City Clayville State RI Zip 02815
Secretary Name Dr. Peter Roy Street Address 3906 Tower Hill Rd. City Wakefield State RI Zip 02879	Treasurer Name Dr. Eric J. Otis Street Address 20 Narragansett #130 City Narragansett State RI Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Howard Troob Street Address 440 Sycamore Lane City Wakefield State RI Zip 02879	Director Name Deborah Green Street Address P.O. 16 City Clayville State RI Zip 02815
Director Name Peter Roy Street Address 3906 Tower Hill Rd. City Wakefield State RI Zip 02879	Director Name Eric Otis Street Address 20 Narragansett Ave #130 City Narragansett State RI Zip 02892

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
500	NO PAR VALUE	0

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
		0

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



* 1 3 0 3 7 *

File Date: 4.21.03
Check No: 7557
By: IUP

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: 2/20/03
Print or Type Name of Officer: H. TROOB
Title of Officer: president



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 13037 2. Name of Corporation SOUTH COUNTY VETERINARY HOSPITAL, INC.
3. Street Address Principal Business Office 481 MAIN ST. City WAKEFIELD State RI Zip 02879
4. Business Phone No. 401 789-2400 5. State of Incorporation RHODE ISLAND 6. SIC Code 1958

7. Brief Description of the Character of Business Conducted in Rhode Island
VETERINARY HOSPITAL

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>HOWARD TROOB</u> Street Address <u>440 SYCAMORE LAWE</u> City <u>WAKEFIELD</u> State <u>RI</u> Zip <u>02879</u>	Vice President Name <u>DEBORAH GREEN</u> Street Address <u>P.O. Box 16</u> City <u>CLAYVILLE</u> State <u>RI</u> Zip <u>02815</u>
Secretary Name <u>PETER ROY</u> Street Address <u>3906-B TOWER HILL ROAD</u> City <u>WAKEFIELD</u> State <u>RI</u> Zip <u>02879</u>	Treasurer Name <u>ERIC OTIS</u> Street Address <u>20 NARRAGANSETT AVE apt 130</u> City <u>NARRAGANSETT</u> State <u>RI</u> Zip <u>02882</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>HOWARD TROOB</u> Street Address <u>440 SYCAMORE LAWE</u> City <u>WAKEFIELD</u> State <u>RI</u> Zip <u>02879</u>	Director Name <u>H. Troob</u> Street Address <u>only/nme</u> City _____ State _____ Zip _____
Director Name <u>H. Troob</u> Street Address <u>only/nme</u> City _____ State _____ Zip _____	Director Name <u>H. Troob</u> Street Address <u>only/nme</u> City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



File Date: 2-7-02
Check No.: 11-122
By: [Signature]

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: 1/30/02
Print or Type Name of Officer: H. Troob
Title of Office: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **13037** 2. Name of Corporation **SOUTH COUNTY VETERINARY HOSPITAL, INC.**
3. Street Address Principal Business Office **481 Main Street** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **(401) 789-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1958**

7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinary hospital

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Howard J. Troob Street Address 481 Main Street City Wakefield State RI Zip 02879	Vice President Name Deborah Green Street Address Field Hill Road City Clayville State RI Zip 02815
Secretary Name Peter Roy Street Address Tower Hill Road City Wakefield State RI Zip 02879	Treasurer Name Eric J. Otis Street Address 20 Narragansett Avenue City Narragansett State RI Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Howard J. Troob Street Address 481 Main Street City Wakefield State RI Zip 02879	Director Name None Street Address None City _____ State _____ Zip _____
Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
250 SHS. COMMON NO PAR

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



* 1 3 0 3 7 *

FILED APR 23 2001

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

File Date: _____
Check No.: _____
By: **UR 2003**
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 **Howard J. Troob** Date **3/21/01**
Print or Type Name of Officer
Title of Officer **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **13037** 2. Name of Corporation: **SOUTH COUNTY VETERINARY HOSPITAL, INC.**
3. Street Address Principal Business Office: **133 Old Tower Hill Road,** City: **Wakefield** State: **RI** Zip: **02879**
4. Business Phone No: **789-0217** 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **1958**
7. Brief Description of the Character of Business Conducted in Rhode Island: **Veterinary Hospital**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Howard J. Troob Street Address 481 Main Street City State Zip Wakefield RI 02879 Secretary Name Peter Roy Street Address Tower Hill Road City State Zip Wakefield RI 02879	Vice President Name Deborah Green Street Address Field Hill Road City State Zip Clayville RI 02815 Treasurer Name Eric J. Otis Street Address 20 Narragansett Avenue City State Zip Narragansett RI 02882
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Howard J. Troob Street Address 481 Main Street City State Zip Wakefield RI 02879	Director Name Street Address City State Zip Director Name Street Address City State Zip
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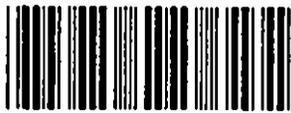
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
250	Common	No Par

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



* 1 3 0 3 7 *

File Date: PAID 1/25/00
Check No.: JAN 25 2000
By: SEC'Y OF STATE
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: 1/20/00
Howard J. Troob
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **13037** 2. Name of Corporation **SOUTH COUNTY VETERINARY HOSPITAL, INC.**
3. Street Address Principal Business Office **133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1958**
7. Brief Description of the Character of Business Conducted in Rhode Island

Veterinary Hospital

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Howard J. Troob	Vice President Name Deborah Green
Street Address 481 Main Street	Street Address Field Hill Road
City Wakefield State RI Zip 02879	City Clayville State RI Zip 02815
Secretary Name Peter Roy	Treasurer Name Eric J. Otis
Street Address Tower Hill Road	Street Address 20 Narragansett Avenue
City Wakefield, State RI Zip 02879	City Narragansett State RI Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Howard J. Troob	Director Name
Street Address 481 Main Street	Street Address
City Wakefield State RI Zip 02879	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
250 Common No Par

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



File Date: Feb 2, 99
Check No.: 6914
By: JD. ca
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 _____
Howard J. Troob
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **13037** 2. Name of Corporation **SOUTH COUNTY VETERINARY HOSPITAL, INC.**
3. Street Address Principal Business Office **133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1958**

7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Howard J. Troob Street Address 481 Main Street City Wakefield State RI Zip 02879 Secretary Name Patricia Troob Peter Roy Street Address 481 Main Street Tower Hill Rd. City Wakefield State RI Zip 02879	Vice President Name Deborah Green Street Address Field Hill Road City Clayville State RI Zip 02815 Treasurer Name Eric J. Otis Street Address 20 Narragansett Avenue City Narragansett State RI Zip 02882
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Howard J. Troob Street Address 481 Main Street City Wakefield State RI Zip 02879	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
250	Common	No Par

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



File Date: 2.20.98
Check No.: 0784
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: 2/1/98
Print or Type Name of Officer: HOWARD TROOB, DVM
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **13037** 2. Name of Corporation **SOUTH COUNTY VETERINARY HOSPITAL, INC.**
3. Street Address Principal Business Office
133 Old Tower Hill Road City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1958**

7. Brief Description of the Character of Business Conducted in Rhode Island

Veterinary Hospital

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Howard J. Troob Street Address 481 Main Street City Wakefield State RI Zip 02879 Secretary Name Patricia Troob Street Address 481 Main Street City Wakefield State RI Zip 02879	Vice President Name Deborah Green Street Address Field Hill Road City Clayville State RI Zip 02815 Treasurer Name Eric J. Otis Street Address 20 Narragansett Avenue City Narragansett State RI Zip 02882
---	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Howard J. Troob Street Address 481 Main Street City Wakefield State RI Zip 02879	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VAL			250	Common	No Par

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



File Date: 2-3-97
Check No.: 0635
By: VP

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: Howard J. Troob Date: 1/31/97
Print or Type Name of Officer: Howard J. Troob
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 13037		2. NAME OF CORPORATION SOUTH COUNTY VETERINARY HOSPITAL, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 133 Old Tower Hill Road		CITY Wakefield	STATE RI
4. BUSINESS PHONE NO. (401) 789-0217		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 1958	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Veterinary Hospital

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Howard J. Troob	VICE PRESIDENT NAME Deborah Green	
STREET ADDRESS 481 Main Street	STREET ADDRESS Field Hill Road	
CITY Wakefield	STATE RI	ZIP CODE 02879
CITY Clayville	STATE RI	ZIP CODE 02815
SECRETARY NAME Patricia Troob	TREASURER NAME Eric J. Otis	
STREET ADDRESS 481 Main Street	STREET ADDRESS 20 Narragansett Avenue	
CITY Wakefield	STATE RI	ZIP CODE 02879
CITY Narragansett	STATE RI	ZIP CODE 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME Howard J. Troob		
STREET ADDRESS 481 Main Street		
CITY Wakefield	STATE RI	ZIP CODE 02879
DIRECTOR NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500	NO PAR VAL		250	Common	No Par

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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/12/96
Check No: 6474
By: *[Signature]*

Signature of Officer: *[Signature]*
Print or Type Name of Officer: Howard Troob, Dvm
Title of Officer: president
Date: 3/1/96

For Secretary of State Use Only

State of Rhode Island and Providence Plantations



Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0013057 Annual Report for the year: 1995

Name of Corporation: SOUTH COUNTY VETERINARY HOSPITAL, INC.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____ Brief statement of the character of business conducted in Rhode Island:
Veterinary Hospital

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

133 Old Tower Hill Road
Wakefield, RI 02879

Phone: (401) 789-0217

THE NAMES OF THE OFFICERS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Howard J. Troob 481 Main Street, Wakefield, RI 02879
VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Deborah Green Field Hill Road, Clayville, RI 02815
SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Patricia Troob 481 Main Street, Wakefield, RI 02879
TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Eric J. Otis 20 Narragansett Avenue, #13D, Narragansett, RI 02882
STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Howard J. Troob 481 Main Street, Wakefield, RI 02879
NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
500	Common	250	Common

Date March 10, 1995 By: _____

Howard J. Troob
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ARCHIBALD B. KENYON, JR.
133 OLD TOWER HILL ROAD
WAKEFIELD RI 02879

FILED

MAR 28 1995

By 6289

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

6115
600 JB
File Annually
LLC Sept. 1 Nov. 1
CORP. Jan. 1 March 1
175
13037 32631
071
3354

Corporate ID: 0013037 Annual Report for the year: 1994

Name of Business Entity: SOUTH COUNTY VETERINARY HOSPITAL, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

133 Old Tower Hill Road
Wakefield, RI 02879

Phone: (401) 789-0217

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Howard J. Troob
481 Main Street
Wakefield, RI 02879

Brief statement of the character of business conducted in Rhode Island:

Veterinary Hospital

Date of Organization: December 14, 1983

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	Howard J. Troob	481 Main Street, Wakefield, RI	02879	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	Deborah Green	Field Hill Road, Clayville, RI	02815	
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	Patricia Troob	481 Main Street, Wakefield, RI	02879	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	Eric J. Otis	20 Narragansett Avenue, #13D, Narragansett, RI	02882	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Howard J. Troob	481 Main Street, Wakefield, RI	02879	

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 500

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 250

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

Date 3/28 19 94

By: [Signature]
PRINT OR TYPE NAME OF OFFICER SIGNING

Howard J. Troob

TITLE OF OFFICER SIGNING

Form 3 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

ARCHIBALD B. KENYON, JR.
133 OLD TOWER HILL ROAD
WAKEFIELD RI 02879

FILED

APR 08 1994

By ME59

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

515

Corporate ID 0013037 Annual Report for the year 1993

FIRST: The name of the corporation is: SOUTH COUNTY VETERINARY HOSPITAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 133 Old Tower Hill Road
Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	481 Main Street, Wakefield, RI 02879
	Director	
	Director	
Howard J. Troob	President	481 Main Street, Wakefield, RI 02879
Deborah Green	Vice President	Field Hill Road, Clayville, RI 02815
Patricia Troob	Secretary	481 Main Street, Wakefield, RI 02879
Eric J. Otis	Treasurer	20 Narragansett Avenue, #13D Narragansett, RI 02882

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

PAID
FEB 10 1993
SECY OF STATE
Series

Dated January 28 19 93

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

5393 R.D.

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018037 Annual Report for the year 1992

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 133 Old Tower Hill Road
Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	481 Main Street, Wakefield, RI 02879
	Director	
	Director	
Howard J. Troob	President	481 Main Street, Wakefield, RI 02879
	Vice President	
Howard J. Troob	Secretary	481 Main Street, Wakefield, RI 02879
Howard J. Troob	Treasurer	481 Main Street, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common	PAID	No Par Value

MAR 03 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common	SECY OF STATE	No Par Value

Dated March 2, 19 92

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0013037..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....SOUTH COUNTY VETERINARY HOSPITAL, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Veterinary Hospital.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....133 Old Tower Hill Road.....
Wakefield, RI 02879.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	481 Main Street, Wakefield, RI 02879
	Director	
	Director	
Howard J. Troob	President	481 Main Street, Wakefield, RI 02879
	Vice President	
Howard J. Troob	Secretary	481 Main Street, Wakefield, RI 02879
Howard J. Troob	Treasurer	481 Main Street, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

PAID
MAR 22 1991
SEC'Y OF STATE

Dated March 1, 1991 SOUTH COUNTY VETERINARY HOSPITAL, INC.

(Name of Corporation)

By: *Howard J. Troob*

Title: *President*

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0013037 Annual Report for the year 1990

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 133 Old Tower Hill Road
Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	481 Main Street, Wakefield, RI 02879
	Director	
	Director	
Howard J. Troob	President	481 Main Street, Wakefield, RI 02879
	Vice President	
Howard J. Troob	Secretary	481 Main Street, Wakefield, RI 02879
Howard J. Troob	Treasurer	481 Main Street, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common	PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common	SECY OF STATE	No Par Value

Dated March 8 19 90

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]

Title president

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0013037 Annual Report for the year 1989

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

133 Old Tower Hill Road, Wakefield, Rhode Island 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	440 Sycamore Lane, Wakefield, RI
	Director	
	Director	
Howard J. Troob	President	Same
	Vice President	
Howard J. Troob	Secretary	Same
Howard J. Troob	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

PAID

FEB 20 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

SECRET OF STATE

Dated February 3, 19 89.

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 13037 Annual Report for the year 1988

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....
133 Old Tower Hill Road, Wakefield, Rhode Island 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	440 Sycamore Lane, Wakefield, RI
	Director	
	Director	
Howard J. Troob	President	440 Sycamore Lane, Wakefield, Ri
	Vice President	
Howard J. Troob	Secretary	440 Sycamore Lane, Wakefield, RI
Howard J. Troob	Treasurer	440 Sycamore Lane, Wakefield, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

PAID
FEB 22 1988
SECY. OF STATE

Dated February 5 19 88

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]

Title pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 13037 Annual Report for the year 1987

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, I
NC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
51 Tower Hill Road, Wakefield, Rhode Island 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	340 Sycamore Lane, Wakefield, RI
	Director	
	Director	
Howard J. Troob	President	440 Sycamore Lane, Wakefield, RI
	Vice President	
Howard J. Troob	Secretary	440 Sycamore Lane, Wakefield, RI
Howard J. Troob	Treasurer	440 Sycamore Lane, Wakefield, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

PAID
MAR 5 1987
SECY OF STATE

PAID
JAN 09 1987

Dated February 16 19 87

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 13037 Annual Report for the year 1986

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, I
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THIRD: Character of business, briefly stated, is Veterinary Hospital

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FIFTH: Business address in Rhode Island
51 Tower Hill Road, Wakefield, Rhode Island 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Howard J. Troob	Director	440 Sycamore Lane, Wakefield, R.I.
	Director	
	Director	
Howard J. Troob	President	440 Sycamore Lane, Wakefield, R.I.
Howard J. Troob	Vice President	440 Sycamore Lane, Wakefield, R.I.
Howard J. Troob	Secretary	440 Sycamore Lane, Wakefield, R.I.
Howard J. Troob	Treasurer	440 Sycamore Lane, Wakefield, R.I.

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No Par Value

F A I D APR 15 1986

APR 26 1986

Dated February 25 19 86

SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

13037 ✓

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 51 Tower Hill Road, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Howard J. Troob	Director	10 Sycamore Lane, Wakefield, RI
	Director	
	Director	
Howard J. Troob	President	10 Sycamore Lane, Wakefield, RI
	Vice President	
Howard J. Troob	Secretary	10 Sycamore Lane, Wakefield, RI
Howard J. Troob	Treasurer	10 Sycamore Lane, Wakefield, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No par value

Dated: March 1, 1985 SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By: *[Signature]*
Title: *[Signature]*

(Report must be signed by an officer)

RECORDED MAR 1985

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

13037

Annual Report for the year 1984

FIRST: The name of the corporation is SOUTH COUNTY VETERINARY HOSPITAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinary Hospital.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 51 Tower Hill Road, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Howard J. Troob	Director	10 Sycamore Lane, Wakefield, RI
	Director	
	Director	
Howard J. Troob	President	10 Sycamore Lane, Wakefield, RI
	Vice President	
Howard J. Troob	Secretary	10 Sycamore Lane, Wakefield, RI
Howard J. Troob	Treasurer	10 Sycamore Lane, Wakefield, RI

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250	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Common		No par value

Dated: March 1, 1985 SOUTH COUNTY VETERINARY HOSPITAL, INC.
(Name of Corporation)

By: [Signature]
Title: [Signature]

(Report must be signed by an officer)

RECEIVED MAR 1985

VF

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040