



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
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 STAMP

JAN 13 2020

BY

14388 DS

1. Entity ID Number 000017287		2. Exact name of the Corporation NORTH KINGSTOWN ANIMAL HOSPITAL, INC.												
3. Principal Office Address 3736 Quaker Lane			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island Animal Hospital												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Lorie Caruana			Vice-President Name Christopher Caruana											
Street Address 3007 Quaker Lane 3736			Street Address 3736 Quaker Lane											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
Secretary Name Christopher Caruana			Treasurer Name Lorie Caruana											
Street Address 3736 Quaker Lane			Street Address 3736 Quaker Lane											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
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														
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
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 value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par value			
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100	Common	No par value												
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 Lorie M. Caruana				Date 12/26/19										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										