



RI SOS Filing Number: 202033706980 Date: 2/3/2020 4:00:00 PM

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;TAMP

FEB 03 2020

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1. Entity ID Number 153094		2. Exact name of the Corporation PORTSMOUTH VETERINARY CLINIC, P.C.							
3. Principal Office Address 944 East Main Road				City Portsmouth		State RI		Zip 02871	
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island Veterinarians							
5. State of Incorporation Rhode Island									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Gary B. O'Neal, D.V.M.				Vice-President Name None					
Street Address 944 East Main Road				Street Address					
City Portsmouth		State RI		Zip 02871		City		State RI	
Secretary Name Gary B. O'Neal, D.V.M.				Treasurer Name Gary B. O'Neal, D.V.M.					
Street Address 944 East Main Road				Street Address 944 East Main Road					
City Portsmouth		State RI		Zip 02871		City Portsmouth		State RI	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name None				Director Name					
Street Address				Street Address					
City		State		Zip		City		State	
Director Name				Director Name					
Street Address				Street Address					
City		State		Zip		City		State	
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				100		Common		No Par	
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 Gary B. O'Neal, D.V.M.							Date 1/11/2020		
Signature of Authorized Representative 							SIGN DOCUMENT HERE		

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017