



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

10740

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