



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.

1. Entity ID Number <input checked="" type="checkbox"/> 000137370		2. Exact name of the Corporation <input checked="" type="checkbox"/> Harbor Animal Hospital, Inc.			
3. Principal Office Address <input checked="" type="checkbox"/> 288 Market Street		City Warren		State RI	Zip 02885
4. NAICS Code <input checked="" type="checkbox"/> 541940		6. Brief description of the character of business conducted in Rhode Island <input checked="" type="checkbox"/> Veterinary clinic, Outpatient, Surgical and Dental Services and care for pets and services.			
5. State of Incorporation <input checked="" type="checkbox"/> RI					
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wade Cordy			Vice-President Name N/A		
Street Address 288 Market Street			Street Address		
City Warren		State RI	Zip 02885	City	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized		10. Shares Issued <input checked="" type="checkbox"/> 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
		NONE			
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 <i>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.</i> <input checked="" type="checkbox"/>					
Name of Authorized Representative Wade Cordy				Date 7-4-20	
Signature of Authorized Representative <i>Wade Cordy</i>				SIGNATURE HERE APR 17 2020 BY 1279 AA	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov