



RI SOS Filing Number: 202038782060
State of Rhode Island and Providence Plantations

Date: 4/27/2020 4:00:00 PM

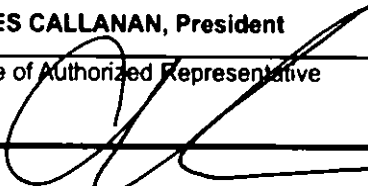
Department of State - Business Services Division

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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 132233		2. Exact name of the Corporation R. I. Animal Medical Center - Four Paws Pet Resort, Inc.			
3. Principal Office Address 343 Warwick Avenue		City Warwick		State RI	Zip 02888
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island veterinary clinic, boarding and grooming services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES CALLANAN			Vice-President Name		
Street Address 343 Warwick Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name JEFFREY KASCHULUK		
Street Address 478A Broadway			Street Address P.O. Box 2890		
City Providence	State RI	Zip 02909	City Nantucket	State MA	Zip 02584
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLES CALLANAN			Director Name JEFFREY KASCHULUK		
Street Address 343 Warwick Avenue			Street Address P.O. Box 2890		
City Warwick	State RI	Zip 02888	City Nantucket	State MA	Zip 02584
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			300 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 CHARLES CALLANAN, President				Date 27 March 20	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE APR 27 2020 BY 9A 409 A.F.	

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