

# STATE OF KHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BIACK)

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3046

PROFIT CORPORATION	NNUAL REPORT FOR THE YEAR	2005
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00	

1. Corporate II) No.	2 Name of Corporation			<u> </u>		
95157	BIG RIVER VETE	RINARY SERVICE, INC				
3 Street Address Principal Business C	Mice .		City	State	Zíp	
774 Nooseneck Hill	Road		W. Greenwich	RI	02817	
4. Business Phone No. (401) 397–8777		5. State of Incorporation  RHODE ISLAND			6 SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE VETERINARY SERVICES.			<del></del>	<del></del>		
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" ROX FOR ATTA	CHMENT)   TILLINGO	ACES DEFORE HEINE	TTA CHARACTA	
President Name	,	( = 00.100.377.00	: Vice President Name	ACES BEFORE USING	II IACHMENIS	
Daniel Cardosa, Jr.			Debra A. Cardos	sa		
774 Nooseneck Hill Road			Street Address 774 Nooseneck H	ull Road		
City:	State	Zip	City	State	Zip	
W. Greenwich	RI	02817	W. Greenwich	RI	02817	
Debra A. Cardosa			Daniel Cardosa, J	r.		
Street Address	<u> </u>		Street Address	<u> </u>		
Same		<u> </u>	Same			
Cuy	Siate	Zip	Clly	State	Zip	
9. NAMES AND ADDRESSES  Director Name  Street Address	OF THE DIRECTORS	 	Director Name	PACES BEFORE USING	ATTACHMENTS	
			Street Address			
City	State	Zip	City	State	Zip	
Director Name		•••••••••••	Director Name			
Street Address			Street Address	<u> </u>		
City	State	Zıp	City	State	Zip	
10. SHARES AUTHORIZED ( AUTHORIZED SHARES	"X" BOX FOR ATTA	• —	11. SHARES ISSUED ("X ISSUED SHARES	BOX FOR ATTACHM	 ENT) []	
Number of Shares	Class/Series .	Par Value	Number of Shares	Class/Series	Par Value	
500 NO PAR VALUE			-0-			
	<u> </u>			<del> </del>	<del> </del>	
This report must be si	gned in ink by cither	the President, Vice Pre	esident, Secretary, Assistant 1	Secretary, Treasurer Re	Seiver or Trustee	
t 18.8(18.1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oction of Trustee	
			Under penalty of perjury including any accompag	y, I declare and affirm that wing schedules and statem	have examined this reportents, and that all statements	
File Date 2.14-	05		contained herein are fru	e and correct.	2-10-101	
Check No. 389	5		Signature of Officer		Date	
2	٤		Daniel Card Print or Type Name of Off			
Вуг			President			
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer		<u> </u>	
			• -w		Form 630 Rev. 12/03	



#### STATE OF KHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_ 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation **BIG RIVER VETERINARY SERVICE, INC.** 3 Street Address Principal Business Office City State Zip 02817 774 Nooseneck Hill Road W. Greenwich RI 4. Business Phone No 5. State of Incorporation 6. SIC Code (401) 397-8777 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE VETERINARY SERVICES. President Name Vice President Name Debra A. Cardosa Daniel Cardosa, Jr. Sireci Address 774 Nooseneck Hill Road Stroet Address 774 Nooseneck Hill Road City City Zip ั02817 RI W. Greenwich 02817 W. Greenwich RI Secretary Name Treasurer Name Debra A. Cardosa <u>Daniel Cardosa. Jr</u> Street Address Street Address SAME SAME City State Zφ City State ZID 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Z.(p City State City State ZipDirector Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value -0-**500 NO PAR VALUE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date Check No.	APR 0 7 2004  SY POR SECRETARY OF STATE USE UNITY

Under penalty of perjury, I declare and affirm t including any accompanying schedules and sta	
contained herein are true and correct.	
	1.22-04
Signature of Officer	Date
Signature of Officer Condign JV	
Print or Type Name of Officer	<del>= -</del>
fres. Late	
Title of Officer	Form 630 Rev. 12/03
	101111 030 KeV. 1203

Corporations Division 100 North Main Street, Providence, RI 02903-1335

#### 401-222-3040



(FORM MUST BE TYPED OR PRINTED	IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
95157	<b>BIG RIVER VETE</b>	RINARY SERVICE, INC.			
3. Street Address Principal Business Off			City	State	Zip
774 NOOSENECK HII	LL ROAD	5. State of Incorporation	W. GREENWICH	RI	0281.7 6. SIC Code
(401) 397-8777  7. Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND			0
PROVIDE VETERNIAR	Y SERVICES				
8. NAMES AND ADDRESSE President Name		R\$ ("X" BOX FOR ATTACHN	IENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHM	ENTS
DANIEL CARDOSA, J	R.		DEBRA A. CARDOSA Street Address	A	
774 NOOSENECK HIL	State	Zip	774 NOOSENECK HI	ILL ROAD	Zip
W. GREENWICH Secretary Name	RI	02817	W. GREENWICH Treasurer Name	RÍ	02817
DEBRA A. CARDOSA Street Address CAME			DANIEL CARDOSA, Street Address	JR.	
SAME City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTACH	IMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	Class (Sarlas	Des Malus	ESUED SHARESO_	Class (Carlos	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 5 1 5 7 *
File Date:	1.04.03
Check No.:	3191
Ву:	
FOR SECRETAR	Y OF STATE USE ONLY

**500 NO PAR VALUE** 

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Antained herein are true and correct. Signature of Officer

Name of Officer

Title of Office

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PUANE RIAID
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95157 BIG RIVER VETERINARY SERVICE, INC. 3. Street Address Principal Business Office State ZIP 774 NOOSENECK HILL ROAD 02817 W. GREENWICH RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** (401) 397-8777 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE VETERNIARY SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name DANIEL CARDOSA, JR. DEBRA A. CARDOSA Street Address : Street Address 774 NOOSENECK HILL ROAD 774 NOOSENECK HILL ROAD W. GREENWICH 02817 W. GREENWICH RT02817. Secretary Name Treasurer Name DEBRA A. CARDOSA DANIEL CARDOSA, JR. Street Address Street Address SAME State City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State . City State Zip Director Name Director Name Street Address Street Address City City State Zip 10. SHARES AUTHORIZED (\*x\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **500 NO PAR VALUE** <u>۔ لی ۔۔</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



ille Date:	1-17-02
Check No.:	2875
ly:	de

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.

101		1/3/02
DANIEL Giden	Jr	Date
Print or Two Name of Officer		

Proc

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Corporations Obsission 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP

(FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. 2 Name of Corporation 95157 02811 6. SIC Code 9886 7. Brief Description of the Character of Business Conducted in Rhode Island Veterinary Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS President Nam Vice Preyntent Name Street Address Street Address Zip City OB Secretary Nan Street Address Street Address Zip City Ċij 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" HOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City Zip State State Zip Director Name Director Name Street Address Street Address City Zip Cay State Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [] 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Par Value Class/Series Por Value Class/Series 500

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

				Under penalty of perjury, I declare and a this report, including any accompanying	
	JULY & Donna	10 th: 13 th 01	37.76	that all statements contained herein are	
File Date:B	1565	— · · · · · <del>       </del> •		Signature of Officer	- 7/23/6/ Date
Check No.:		2 N 10 2 N		Pent or Type Name of Officer	··
By: For Secretary	OF STATE USE ONLY			Pres, Lent	
		!		· · · · · · · · · · · · · · · · · · ·	··· · · · ·

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

95157

BIG RIVER VETERINARY SERVICE, INC.

3. Street Address Principal Business Office

City W. GREENWICH State

RI

Zip

774 NOOSENECK HILL ROAD

5. State of Incorporation

02817 6. SIC Code

4. Business Phone No.

(401) 397-8777

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE VETERINARY SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DANIEL CARDOSA, JR.

Street Address

Secretary Name

Street Address

City

City

City

SAME.

774 NOOSENECK HILL ROAD

State

Zip

Zio

City

DEBRA A. CARDOSA Street Address

774 NOOSENECK HILL ROAD

Zip

W. GREENWICH

DEBRA A. CARDOSA

RI

02817

W. GREENWICH

Vice President Name

RΊ

02817

Treasurer Name

DANIEL CARDOSA, JR.

Street Address

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Director Name

Street Address

Number of Shares

Street Address

State

State

Zip

ZIP

City

State

Zip

Director Name

Street Address

State

Zip

10. SHARES AUTHORIZED (\*x\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Class/Series

Par Value

**500 NO PAR VALUE** 

FOR SECRETARY OF STATE USE ONLY

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer Type Name of Officer Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

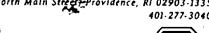
FOR SECRETARY OF STATE USE ONLY



	CK)					
Corporate ID No.	2. Name of	•		#05 INO		. <u>- ,</u>
<b>95157</b> Street Address Principal Business (		VEH VI	ETERINARY SERV	•	_	7
774 NOSENECK HILI	•		5. State of Incorporation	W. GREENWICH	State RI	02817
(401) 397-8777  Brief Description of the Character	of Business Con	ducted in R	RHODE ISLA			
PROVIDE VETERNIAL NAMES AND ADDRESS	RY SERVI	CES		Committee Control of the Control of		
resident Name  DANIEL CARDOSA,		OFFICE	SKS ( A BOA FOR ATTA	Vice President Name DEBRA A. CARDO	BEFORE USING ATTA	CHMEN 15
774 NOOSENECK HII	LL ROAD			Street Address 774 NOOSENECK	HILL ROAD	· <b>-</b> ·-
W. GREENWICH	State	RI	02817	W. GREENWICH	State r RI	02817
ecretary Name DEBRA A. CARDOSA				Treasurer Name		
ireet Address SAME				DANIEL CARDOSA, Street Address	IR.	
Dity	State		Zip	CHy	State	Zip
P. NAMES AND ADDRESS Director Name	ES OF THE	DIREC	TORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE  Director Name :	S BEFORE USING AT	TACHMENTS
itreet Address				Street Address	•	
lity	State		Zip	City	State	, zīp —
Irector Name			•	Director Name		
treet Address				Street Address		·
ity	State		Zip	City	State	Zip
O. SHARES AUTHORIZED	) (*X* BOX FO	R ATTACH	(MENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN	(II)
	Closs/Series		Par Value	Number of Shares	Class/Series	Par Value
lumber of Shares				•		• • •

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. Check No.: .

Title of Officer





### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

CHOKM MUST HE TYPED IN BLA	(CK)				
1. Corporate ID No.	2. Name of Corpora	ition	· · · · · · · · · · · · · · · · · · ·	•	
<b>9</b> 51 <b>57</b>	<b>BIG RIVER</b>	<b>VETERINARY SE</b>	RVICE, INC.		
3. Street Address Principal Business	Office		City	State	Zip
774 NOOSENECK	HILL ROAD		W. GREENWICH	RI	02817
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code
(401) 397-8777		RHODE IS	LAND	•	
7. Brief Description of the Character	r of Business Conducted	in Rhode Island	•		
PROVIDE VETERI	NARY SERVIC	ES			
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT)		
President Name			Vice President Name		
DANIEL CARDOSA	, JR.		DEBRA A. CARDOS.	A	
Street Address			Street Address		
774 NOOSENECK	HILL ROAD		774 NOOSENEC	K HILL ROAD	
City	State	ZIp	City	State	Zip
W. GREENWICH	RI	02817	W. GREENWICH	RI	02817
Secretary Name			Treasurer Name		• • • • • • • •
DEBRA A. CARDO	SA		. DANIEL CARDOSA,	T D	
Street Address			Street Address		
SAME			SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIR	ECTÓRS (*x* BOX FO	R ATTACHMENT)		
Director Name			. Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name					
Director Nume			Director Name		
Street Address			Street Address		•
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHM	(ENT)
AUTHORIZED SHARES NOWY	P		ISSUED SHARES		
Number of Shares /Ucm	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			-0-	1	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 5 1 5 7 *
File Date:	8 12 98
Check No.:	1917
Ву:	100
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I deetare and affirm that I have examined this report, including any accompanying schedules and statements, a
that all statements coptained herein are true and correct.
x 6/22/ce
Signature of Officer Date  Down & Cardon D
Print or Type Name of Officer  Pocs. Lit
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