



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 95157		2. Name of Corporation BIG RIVER VETERINARY SERVICE, INC.			
3. Street Address Principal Business Office 774 Nooseneck Hill Road			City W. Greenwich	State RI	Zip 02817
4. Business Phone No. (401) 397-8777		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Cardosa, Jr.			Vice President Name Debra A. Cardosa		
Street Address 774 Nooseneck Hill Road			Street Address 774 Nooseneck Hill Road		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
Secretary Name Debra A. Cardosa			Treasurer Name Daniel Cardosa, Jr.		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			0		

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



File Date	2-17-05
Check No.	3895
By:	
FOR SECRETARY OF STATE USE ONLY	

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

Daniel Cardosa, Jr.

Print or Type Name of Officer

President

Title of Officer

Date

2-10-05



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

## 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. 95157		2. Name of Corporation BIG RIVER VETERINARY SERVICE, INC.			
3. Street Address Principal Business Office 774 Nooseneck Hill Road		City W. Greenwich	State RI	Zip 02817	
4. Business Phone No. (401) 397-8777		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Cardoso, Jr.			Vice President Name Debra A. Cardoso		
Street Address 774 Nooseneck Hill Road			Street Address 774 Nooseneck Hill Road		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
Secretary Name Debra A. Cardoso			Treasurer Name Daniel Cardoso, Jr.		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			-0-		

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	RECEIVED
Check No.	APR 07 2004
By:	BY [Signature]
FOR SECRETARY OF STATE USE ONLY	

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: [Signature] Date: 1-22-04

Print or Type Name of Officer: DANIEL CARDOSO JR

Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 95157 2. Name of Corporation BIG RIVER VETERINARY SERVICE, INC.  
3. Street Address Principal Business Office 774 NOOSENECK HILL ROAD City W. GREENWICH State RI Zip 02817  
4. Business Phone No. (401) 397-8777 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

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 774 NOOSENECK HILL ROAD City W. GREENWICH State RI Zip 02817	Vice President Name DEBRA A. CARDOSA Street Address 774 NOOSENECK HILL ROAD City W. GREENWICH State RI Zip 02817
Secretary Name DEBRA A. CARDOSA Street Address SAME City State Zip	Treasurer Name DANIEL CARDOSA, JR. Street Address City State Zip

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
500 NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES -0-  
Number of Shares Class/Series 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: 1.24.03

Check No.: 3191

By: UP

FOR SECRETARY OF STATE USE ONLY

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 1/24/03

Print or Type Name of Officer Daniel Cardosa Jr

Title of Officer Pres.



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95157** 2. Name of Corporation **BIG RIVER VETERINARY SERVICE, 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 Incorporation 6. SIC Code  
**(401) 397-8777** **RHODE ISLAND** **0**  
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 <b>DANIEL CARDOSA, JR.</b>	Vice President Name <b>DEBRA A. CARDOSA</b>
Street Address <b>774 NOOSENECK HILL ROAD</b>	Street Address <b>774 NOOSENECK HILL ROAD</b>
City State Zip <b>W. GREENWICH RI 02817</b>	City State Zip <b>W. GREENWICH RI 02817</b>
Secretary Name <b>DEBRA A. CARDOSA</b>	Treasurer Name <b>DANIEL CARDOSA, JR.</b>
Street Address <b>SAME</b>	Street Address
City State Zip	City 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	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 ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>500 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>- 0 -</b>		

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: **1-17-02**

Check No.: **2875**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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: **[Signature]** Date: **1/3/02**

Print or Type Name of Officer: **DANIEL CARDOSA JR**

Title of Officer: **Pres**

Form 630 12/01



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95157		2. Name of Corporation Big River Veterinary Service Inc			
3. Street Address Principal Business Office 774 Noosencuck Hill Rd		City W. Greenwich		State RI	Zip 02817
4. Business Phone No. 397-8777		5. State of Incorporation Rhode Island			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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Cardoso Jr			Vice President Name Debra A Cardoso		
Street Address SAME AS 3 above			Street Address Same as 3 above		
City	State	Zip	City	State	Zip
Secretary Name DANIEL Cardoso Jr			Treasurer Name Debra A. Cardoso		
Street Address SAME AS 3 above			Street Address Same As 3 Above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500			0		

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

FILED

File Date: JULY 24 2001

Check No.: By 2751

By:

FOR SECRETARY OF STATE USE ONLY

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

Daniel Cardoso

Print or Type Name of Officer

Pres. Ident

Title of Officer

7/23/01  
Date



# 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. **95157** 2. Name of Corporation **BIG RIVER VETERINARY SERVICE, INC.**  
3. Street Address Principal Business Office **774 NOOSENECK HILL ROAD** City **W. GREENWICH** State **RI** Zip **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**

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

President Name <b>DANIEL CARDOSA, JR.</b> Street Address <b>774 NOOSENECK HILL ROAD</b> City <b>W. GREENWICH</b> State <b>RI</b> Zip <b>02817</b> Secretary Name <b>DEBRA A. CARDOSA</b> Street Address <b>SAME</b> City _____ State _____ Zip _____	Vice President Name <b>DEBRA A. CARDOSA</b> Street Address <b>774 NOOSENECK HILL ROAD</b> City <b>W. GREENWICH</b> State <b>RI</b> Zip <b>02817</b> Treasurer Name <b>DANIEL CARDOSA, JR.</b> Street Address <b>SAME</b> City _____ State _____ Zip _____
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## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name  Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____
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## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_  
**500 NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ 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 \*

PAID

File Date: **AUG 11 2000**  
Check No.: **2429**  
By: **SECY OF STATE**

FOR SECRETARY OF STATE USE ONLY

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 **Daniel Cardosa Jr** Date **8/8/00**  
Print or Type Name of Officer  
**Pres.**  
Title of Officer



AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)



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

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: Feb 17, 99

Check No.: 2048

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Daniel Cardosa Jr

Print or Type Name of Officer

President

Title of Officer

Date

1/23/99



AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

State

Zip

774 NOOSENECK HILL ROAD

W. GREENWICH

RI

02817

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

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Vice President Name

DANIEL CARDOSA, JR.

DEBRA A. CARDOSA

Street Address

Street Address

774 NOOSENECK HILL ROAD

774 NOOSENECK HILL ROAD

City

State

Zip

City

State

Zip

W. GREENWICH

RI

02817

W. GREENWICH

RI

02817

Secretary Name

Treasurer Name

DEBRA A. CARDOSA

DANIEL CARDOSA, JR.

Street Address

Street Address

SAME

SAME

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

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

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

AUTHORIZED SHARES

None

Number of Shares

None

Class/Series

Par Value

500 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

- 0 -

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

By: IUP

FOR SECRETARY OF STATE USE ONLY

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

Date

Print or Type Name of Officer

Title of Officer