



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. <u>139062</u>		2. Name of Corporation <u>Wood River Animal Hospital, Inc.</u>		
3. Street Address Principal Business Office <u>28 Kingstown Road</u>		City <u>Wyoming</u>	State <u>RI</u>	Zip <u>02898</u>
4. Business Phone No. <u>(401) 539-1199</u>		5. State of Incorporation <u>Rhode Island</u>		6. SIC Code <u>541940</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Provide VETERINARY SERVICES</u>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>DAVID A. SERA, VMD</u>		Vice President Name <u>NONE</u>		
Street Address <u>28 Kingstown Road</u>		Street Address		
City <u>Wyoming</u>	State <u>RI</u>	Zip <u>02898</u>	City	State
Secretary Name <u>DAVID A. SERA, VMD</u>		Treasurer Name <u>DAVID A. SERA, VMD</u>		
Street Address <u>28 Kingstown Road</u>		Street Address <u>28 Kingstown Road</u>		
City <u>Wyoming</u>	State <u>RI</u>	Zip <u>02804</u>	City <u>Wyoming</u>	State <u>RI</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>DAVID A. SERA, VMD</u>		Director Name <u>NONE</u>		
Street Address <u>28 Kingstown Road</u>		Street Address		
City <u>Wyoming</u>	State <u>RI</u>	Zip <u>02804</u>	City	State
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<u>8,000</u>	<u>NO PAR VALUE</u>		<u>1000</u>	<u>Common</u>
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
			<u>1000</u>	<u>Common</u>

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

File Date 8-3-05
Check No. 9078
By: DS

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.

David A. Serra, VMD 8/1/05
Signature of Officer Date
DAVID A. SERA, VMD
Print or Type Name of Officer
President
Title of Officer