



**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 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *114168* 2. Name of Corporation Stacey A. Hattan, DVM, Inc.
3. Street Address Principal Business Office 9 Cucumber Hill Road City: Foster State: RI Zip: 02825
4. Business Phone No. 401-397-3473 5. State of Incorporation RHODE ISLAND 6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinary Medical Services

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

President Name Stacey A. Hattan Street Address 1223 North Road City: Dayville State: CT Zip: 06241	Vice President Name Street Address City: State: Zip:	Treasurer Name Stacey A. Hattan Street Address 1223 North Road City: Dayville State: CT Zip: 06241
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Stacey A. Hattan Street Address 1223 North Road City: Dayville State: CT Zip: 06241	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
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 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 6/21/05
Check No. 2276
By: DA
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] 6/31/05
Signature of Officer Date
STACEY A. HATTAN, DVM
Print or Type Name of Officer
PRESIDENT
Title of Officer



**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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *114168*		2. Name of Corporation Stacey A. Hattan, DVM, Inc.	
3. Street Address Principal Business Office 9 Cucumber Hill Road		City Foster	State RI
4. Business Phone No. 401-397-3473		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island Veterinary Medical Services			

8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stacey A. Hattan			Vice President Name		
Street Address 65 Moosup Valley Road			Street Address		
City Foster	State RI	Zip 02827	City	State	Zip
Secretary Name Stacey A. Hattan			Treasurer Name		
Street Address 65 Moosup Valley Road			Street Address		
City Foster	State RI	Zip 02827	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stacey A. Hattan			Director Name		
Street Address 65 Moosup Valley Road			Street Address		
City Foster	State RI	Zip 02827	City	State	Zip
Director Name			Director 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
8,000	NO PAR VALUE		100		None

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



File Date: 3/9/04
 Check No.: 2033
 By: 18
 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.

Stacey A. Hattan 3-4-04
 Signature of Officer Date
 Stacey A. Hattan
 Print or Type Name of Officer
 President
 Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *114168*		2. Name of Corporation STACEY A. HATTAN, DVM, INC.			
3. Street Address Principal Business Office 9 CUCUMBER HILL ROAD			City FOSTER	State RI	Zip 02825-
4. Business Phone No. 4013973473		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARY MEDICAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stacey A. Hattan			Vice President Name .		
Street Address 65 Moosup Valley Road			Street Address .		
City Foster	State RI	Zip 02827	City .	State .	Zip .
Secretary Name Stacey A. Hattan			Treasurer Name Stacey A. Hattan		
Street Address 65 Moosup Valley Road			Street Address 65 Moosup Valley Road		
City Foster	State RI	Zip 02827	City Foster	State RI	Zip 02827
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stacey A. Hattan			Director Name .		
Street Address 65 Moosup Valley Road			Street Address .		
City Foster	State RI	Zip 02827	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
8,000	NO PAR VALUE		100		None

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



**114168* 12/31/02 10:56:24 AM*

File Date 1.30.03

Check No. 1724

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.

Stacey A. Hattan 01.29.03
Signature of Officer Date

STACEY A. HATTAN, DVM
Print or Type Name of Officer

PRESIDENT
Title of Officer

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: **114168** 2. Name of Corporation: **STACEY A. HATTAN, DVM, INC.**
3. Street Address Principal Business Office: **9 Cucumber Hill Road** City: **Foster** State: **RI** Zip: **02825**
4. Business Phone No: **397-3473** 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinary Medical Services and any other legal business

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

President Name Stacey A. Hattan	Vice President Name
Street Address 65 Moosup Valley Road	Street Address
City State Zip Foster RI 02827	City State Zip
Secretary Name Stacey A. Hattan	Treasurer Name Stacey A. Hattan
Street Address same	Street Address same
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 Stacey A. Hattan	Director Name
Street Address same	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

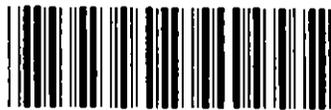
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100		none

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



* 1 1 4 1 6 8 *

File Date: 2-27-02

Check No. 14415

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] Date: 2-6-02

Stacey A. Hattan, D.V.M.

President



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. **114168** 2. Name of Corporation **STACEY A. HATTAN, DVM, INC.**
 3. Street Address Principal Business Office **9 Cucumber Hill Road** City **Foster** State **RI** Zip **02825**
 4. Business Phone No. **397-3473** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinary Medical Services and any other legal business

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

President Name Stacey A. Hattan	Vice President Name
Street Address 65 Moosup Valley Road	Street Address
City State Zip Foster RI 02827	City State Zip
Secretary Name Stacey A. Hattan	Treasurer Name Stacey A. Hattan
Street Address same	Street Address same
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 Stacey A. Hattan	Director Name
Street Address same	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
8,000 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 none

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



* 1 1 4 1 6 8 *

File Date 3-13-01
 Check No. 1130
 By: [Signature]

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] Date MARCH 12, 2001
 Print or Type Name of Officer STACEY A. HATTAN
 Title of Officer PRESIDENT