



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

SEP 21 2020

BY

135 OS

1. Entity ID Number 000076943		2. Exact name of the Corporation JR Gifford DVM Holdings Inc.												
3. Principal Office Address 4232 Diamond Hill Road			City Cumberland	State RI	Zip 02864									
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island FORMER VETERINARY PRACTICE												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joyce R. Gifford			Vice-President Name None											
Street Address 757 Nate Whipple Highway			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Secretary Name Joyce R. Gifford			Treasurer Name Joyce R. Gifford											
Street Address 757 Nate Whipple Highway			Street Address 757 Nate Whipple Highway											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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									
9. Shares Authorized 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>4000</td> <td></td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	4000		No Par			
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4000		No Par												
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 Joyce R. Gifford				Date 9/16/2020										
Signature of Authorized Representative 														