Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Climited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001702411 2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MO MATICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download					
148 W. River Street Providence RI 02904-2615 (401) 222-3040				Fee: \$50.00	
(401) 222-3040 Inited Liability Company Inited Liability Company Inited Liability Company Inited Liability Company failing or refusing Inited Liability Company failing or refusing Inited Liability Company failing or refusing Init Colspan="2">Init Company failing or refusing ANNUAL REPORT YEAR: 2020 1. ID No. 001702411 2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 8008 C					
Limited Liability Company Annual Report Filing Period: September 1 - November 1 in accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing of file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2020 1. ID No. 001702411 2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name		Providence RI 0	2904-2615		
Annual Report "Iling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-86(d), each limited liability company failing or refusing on file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001702411 2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address <td>HOPE</td> <td>(401) 222-</td> <td>3040</td> <td></td>	HOPE	(401) 222-	3040		
o file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001702411 2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Annual Report				
1. ID No. 001702411 2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	to file its annual report with	in thirty (30) days after the time pre			
2. Exact Name of the Limited Liability Company CareVet LLC 3. State of Formation State: MQ ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name	ANNUAL REPORT YEAR:	<u>2020</u>			
3. State of Formation State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 999999 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO zip: 63105 Country: USA A name and Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	1. ID No. <u>001702411</u>				
State: MO ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA Address of Each Manager of the Limited Liability Company, if Applicable. D NOT LIST MEMBERS	2. Exact Name of the Limited Liability Company CareVet LLC				
ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999 999999 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 6. Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	3. State of Formation				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	State: MO				
the list of codes here. More information on NAICS can be found online. 999999 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	ARTICLE III				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
MANAGEMENT SERVICES 5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	999999				
5. Principal Office Address No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name	4. Brief Description of th	e Character of the Business Wh	ich is Actually Conducted ir	Rhode Island	
No. and Street: 8008 CARONDELET, SUITE 101 ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	MANAGEMENT SERV	<u>'ICES</u>			
City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Individual Name Address	5. Principal Office Addre	SS			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	No. and Street: 8008 C	ARONDELET, SUITE 101			
Contact Name: Contact Title: No. and Street: 8008 CARONDELET, SUITE 101 City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	City or Town: <u>ST. LC</u>	DUIS	State: <u>MO</u> Zip: <u>63105</u>	Country: <u>USA</u>	
No. and Street: 8008 CARONDELET, SUITE 101 State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	6. Mailing Address of Lin	mited Liability Company and Na	me or Title of Contact Perso	on:	
City or Town: ST. LOUIS State: MO Zip: 63105 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name			State: MO Zin 63105	Country: USA	
	7. Name and Address of	Each Manager of the Limited L			
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address	5	
		First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of October, 2020 at 1:27:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KRISHNA WALKER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved