



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. 110681		2. Name of Corporation Oaklawn Animal Hospital, Inc.			
3. Street Address Principal Business Office 655 OAKLAWN AVENUE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4019430500		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF VETERINARY MEDICINE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name Courtney Rebensdorf			Vice President Name		
Street Address 655 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Courtney Rebensdorf			Treasurer Name Courtney Rebensdorf		
Street Address 655 Oaklawn Avenue			Street Address 655 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
Director Name None			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
8,000 COMM NO PAR VALUE			100	Common	No Par

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



1 1 0 6 8 1

\*110681 DBC 02/04/05 03:51:01 PM\*

File Date 4/20/05

Check No. 3960

By 912

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.

Courtney Rebensdorf Date 4/17/05  
Signature of Officer

Courtney Rebensdorf DVM  
Print or Type Name of Officer

President  
Title of Officer

Form 630 12-01



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)

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3. Street Address Principal Business Office 655 OAKLAWN AVENUE		City CRANSTON	State RI	Zip 02920-	
4. Business Phone No. 4019430500		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF VETERINARY MEDICINE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Courtney Rebensdorf		Vice President Name			
Street Address 655 Oaklawn Avenue		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Courtney Rebensdorf		Treasurer Name Courtney Rebensdorf			
Street Address 655 Oaklawn Avenue		Street Address 655 Oaklawn Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		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
8,000 COMM NO PAR VALUE			100	Common	None

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



1 1 0 6 8 1

\*110681 DBC 02/09/04 10:47:10 AM\*

File Date 3-1-04

Check No. 3374

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.

Courtney Rebensdorf 2/24/04  
Signature of Officer Date

Courtney Rebensdorf  
Print or Type Name of Officer

President  
Title of Officer

Form 630 12/01



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 OR PRINTED IN BLACK)

1. Corporate ID No.

110681

2. Name of Corporation

Oaklawn Animal Hospital, Inc.

3. Street Address, Principal Business Office

655 Oaklawn Ave.

City  
Cranston

State  
RI

Zip  
02920

4. Business Phone No.  
401-943-0500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
to engage in the practice of veterinary medicine

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

President Name

Vice President Name

Courtney Rebensdorf

Street Address

Street Address

655 Oaklawn Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02920

Secretary Name

Treasurer Name

Courtney Rebensdorf

Street Address

Courtney Rebensdorf

Street Address

655 Oaklawn Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02920

Cranston

RI

02920

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

Director Name

Director Name

None

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

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100.00

Common Stock

none

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



\* 1 1 0 6 8 1 \*

File Date: 2-25-03

Check No.: 2859

By: Bmf

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.

Courtney Rebensdorf Date 2/22/03

Courtney Rebensdorf

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

110681

2. Name of Corporation

Oaklawn Animal Hospital, Inc.

3. Street Address Principal Business Office

655 Oaklawn Ave.

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

401-943-0500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

to engage in the practice of veterinary medicine

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

President Name

Vice President Name

Courtney Rebensdorf

Street Address

Street Address

655 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

State

RI

Zip

02920

Courtney Rebensdorf

Street Address

Courtney Rebensdorf

Street Address

655 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

State

RI

Zip

02920

## 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

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100.00

Common Stock

none

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



\* 1 1 0 6 8 1 \*

File Date: 3/6/2002

Check No.: 2385

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

Courtney Rebensdorf 3/4/02  
Signature of Officer Date

Courtney Rebensdorf  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
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 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110681** 2. Name of Corporation **Oaklawn Animal Hospital, Inc.**

3. Street Address Principal Business Office **655 Oaklawn Ave.** City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **401-943-0500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
to engage in the practice of veterinary medicine

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

President Name

Vice President Name

Courtney Rebensdorf

Street Address

Street Address

655 Oaklawn Avenue

City **Cranston** State **RI** Zip **02920**

City State Zip

Secretary Name

Treasurer Name

Courtney Rebensdorf

Courtney Rebensdorf

Street Address

Street Address

655 Oaklawn Avenue

655 Oaklawn Avenue

City **Cranston** State **RI** Zip **02920**

City **Cranston** State **RI** Zip **02920**

**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
8,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100.00	Common Stock	none

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



\* 1 1 0 6 8 1 \*

File Date 2/21

Check No. 1742

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.

Courtney Rebensdorf 2/19/01  
Signature of Officer Date

Courtney Rebensdorf  
Print or Type Name of Officer

President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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

18611

2. Name of Corporation

OAKLAWN ANIMAL HOSPITAL, INC.

3. Street Address Principal Business Office

655 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

401 943-0500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

General veterinary medicine

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Mahendar Paul

Vice President Name

Mahendar Paul

Street Address

655 Oaklawn Avenue

Street Address

655 Oaklawn Avenue

City Cranston

State RI

Zip 02920

City Cranston

State RI

Zip 02920

Zip

Secretary Name

Mahendar Paul

Treasurer Name

Mahendar Paul

Street Address

655 Oaklawn Avenue

Street Address

655 Oaklawn Avenue

City Cranston

State RI

Zip 02920

City Cranston

State RI

Zip 02920

Zip

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Mahendar Paul

Director Name

None

Street Address

655 Oaklawn Avenue

Street Address

City Cranston

State RI

Zip 02920

City

State

Zip

Director Name

None

Director Name

None

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

600 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 Common w/o par value

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



\* 1 8 6 1 1 \*

File Date: 3/12/00

Check No. 2839

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] 1/15/01  
Signature of Officer Date

MAHENDAR PAUL  
Print or Type Name of Officer

President  
Title of Officer