

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) 2. Name of Corporation 1. Corporate ID No. 110681 Oaklawn Animal Hospital, Inc. 3. Street Address Principal Business Office City State 655 OAKLAWN AVENUE CRANSTON RΙ 02920-4. Business Phone No. 5. State of Incorporation 6 SIC Code 4019430500 **RHODE ISLAND** 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 Cranston RI 02920 Secretary Name Treasurer Name Courtney Rebensdorf Courtney Rebensdorf Street Address Street Address 655 Oaklawn Avenue 655 Oaklawn Avenue City State City State Zip Cranston RΙ 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 Cin City State Director Name Director Name Street Address Street Address City State Zip State 10. SHARES AUTHORIZED "X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Par Value Par Value Class/Series 8,000 COMM NO PAR VALUE 100 No Par Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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By: 918
FOR SECRETARY OF STATE USE ONLY

and that all statements contain			cins,
Signature of Office	lower	Bun	4/17/0
Signature of Officer		Jane ENSdort	
Print or Type Name of Officer	,	VICTOR .	

Form 630 12/01

Under penalty of perjury, I declare and affirm that I have examined

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1 1 0 6 8 1	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedules	
110681 DBC 02/09/04 10:47:10 AM	and that all statements contained herein age true an	d correct.
File Date 3-1-04	Courter Relongon	3/24/
Check No. 3374	Signature of Officer Date	
By: 2-	Print or Type Name of Officer	1014
FOR SECRETARY OF STATE USE ONLY	President	Form 6



CHORM MUST BE TYPED OR PRINTED IN BLACK;

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT

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Filing Period: January 1–March 1 🔸	Filing Fee: \$50.00			•

448884	2. Name of Corpor	ation			
110681	Oaklawn Ai	nimal Hospital, Inc.			
Street Address Principal Busine 053 Oaklawn Ave			Cranston	ŔŢ	² 02920
Busin 40 f-943-0500		5 State of Incorpora	tion		6 SIC Code
Brief Description of the Charact	ice of veterinary med	RHODE ISLA in-Rhode Island ICINE	AND		
B. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTAC	CHMENTS
Courtney Rebensdorf			Street Address		
655 Oaklawn Avenue	State	Zıp	City	State	Zip
Cranston .	PI	02920	Treasurer Name		
Courtney Rebensdorf			Courtney Rebensdorf	f	
655 Oaklawn Avenue			655 Qaklawn Avenue	e	
ity Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
irector Name None			Director Name		
treet Address			Street Address		
	State	Zip	City		4.0
ity			,	State	Lip
			Director Name	State	rd
uty viector Name viect Address				State	Σψ
stector Name	State		Director Name	State Mate	Zip
treet Address ity O. SHARES AUTHORIZ	State	Zip	Director Name Street Address City		Zip
trector Name	State	Zip	Director Name Street Address City 11. SHARES ISSUED	State	Zip

	* 1 1 0 6 8 1 *
File Date:	-25-03
Check No.:	<u> 2859 </u>
B)	BNF
FOR SECRETARY OF STA	TE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schegules and statements, and that all statements contained herein are true and correct.

fille of Officer

Farm 639 12/02



Edward S. Inman, III. Secretary of State Corporatiom Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Filing Period: January	1-March 1 •	Filing Fee: \$50.00			P IN
(FORM MUST BE TYPED IN BLA					
1 Corporate ID No.	2 Name of Corpore	High			
110681	Oaklawn Ar	nimal Hospital, Inc.			
3. Street Address Principal Business.		, ,	City	State	Zip
655 Oaklawn Ave.			Cranston	R1	02920
4 Business Phone No.		5. State of Incorporatio	n		6. SIC Code
401-943-0500		RHODE ISLAN	ID		
7. Brief Description of the Character					
to engage in the practice	of veterinary medi	cine			
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTAC	HMENTS
Courtney Rebensdorf Street Address			Street Address		
Gay 655 Oaklawn Avenue	State	Zip	Cay	State	Zip
Cranston Secretary Name	RI	02920	Treasurer Name		
Courtney Rebensdorf Street Address			Courtney Rebensdo	rf	
655 Oaklawn Avenue	State	Zip	655 Oaklawn Aveni	1 e State	7 i p
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
Cny	State	Zip	On	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Ζιρ
10. SHARES AUTHORIZEI AUTHORIZED SHARES	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUEI	O (*X* BOX FOR ATTACHMENT.	1
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VAL	LUE		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	36/2003
Gheck No.:	23.85
Bv:	
TOR SECRETARY O	OF STATE USE ONLY

Under penalty of perjury, I declare and afterm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

Courting Bliss of 3/4/	/o2.
Signature of Office Dute	
Courtney Rebensdorf	

President

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

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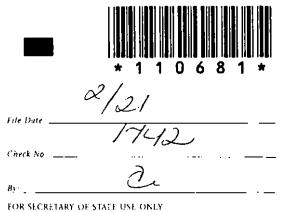
(FORM MUST BE TYPED IN BLACK)

1	Corporate III	0 681
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2 Name of Corporation
Oaklawn Animal Hospital, Inc.

		Oaklawn A				
3. Str	eet Address Principal Business C 655 Oaklawn Ave.	Office		City Cranston	State RI	21p 02920
4. Bu	iness Phone No 401-943-0500		S. State of Incorpora	AND		6 SIC Code
7 Ви	of Description of the Character : to engage in the practice					
	AMES AND ADDRESS	SES OF THE OFFI	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTACE	IMENTS
street	Courtney Rebensdorf Address			Street Address		
	655 Oaklawn Avenue					
City		State	Z:p	City	State	Zip
	Cranston	RI	02920			
Secret	ary Name			Treasurer Name		
	Courtney Rebensdorf			Courtney Rebensdo	rf	
Street	Address			Street Address		
	655 Oaklawn Avenue			655 Oaklawn Aven	ue	
City	Cranston	State RI	Z1612920	Car. Cranston	State R1	02920
9. N	AMES AND ADDRESS				ACES BEFORE USING ATTA	
Direct	AMES AND ADDRESS			ATTACHMENT) FILL IN SPA Director Name		
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Direci Street	AMES AND ADDRESS			ATTACHMENT) FILL IN SPA Director Name		
Direct Street City	AMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name Street Address	ACES BEFORE USING ATTA	CHMENTS
Direct Street City Direc	AMES AND ADDRESS tor Name Address	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name Street Address City	ACES BEFORE USING ATTA	CHMENTS
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Direct City Direct Street	AMES AND ADDRESS for Name Address	SES OF THE DIR	ECTORS ("X" BOX FOR Zip Zip	ATTACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City	ACES BEFORE USING ATTA	CHMENTS Zip
Direct Outy Direct Street	AMES AND ADDRESS for Name Address for Name Address	SES OF THE DIR	ECTORS ("X" BOX FOR Zip Zip	ATTACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City	State State	CHMENTS Zip
Direct Street City Direct Street City AUTH	AMES AND ADDRESS for Name Address Address SHARES AUTHORIZEI	SES OF THE DIR	ECTORS ("X" BOX FOR Zip Zip	ATTACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City 11. SHARES ISSUEI	State State	CHMENTS Zip

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

Courting Belonard Dun 2/19/0

President ____

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

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

(FORM MUST BE TYPED IN BLACK)

L Corporate ID No.

2. Name of Corporation

OAKLAWN ANIMAL HOSPTAL, INC.

Cranston

^{zig}ດ2920

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

Vice President Name

President Name

Mahendar Paul

Street Address 655 Oaklawn Avenue

Cor Cranston

@2920

Street Address 655 Oaklawn Avenue

cin Cranston

Mahendar Paul

Staffe I

02920

SecreteMainendar Paul

TreesMarrendar Paul

Suect ජිජිපී Oaklawn Avenue

^{suet}6కకు Oaklawn Avenue

Cranston

82920

^{City} Cranston

None Street Address

Zip

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

Director Name

Director Name

on Cranston

Mahendar Paul

Oaklawn Avenue

State I

@2920

City

State

Zip

Director Name

None

Street Address

City

State

Street Address

Director Name

None

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

AUTHORIZED SHARES

City

State

Zip

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

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

600 SHS NO PAR VAL

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



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.

