



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
199 North Main Street  
Providence, RI 02903-1535  
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 OR PRINTED IN BLACK)

1. Corporate ID No. 103385		2. Name of Corporation Housecall Animal Medical Care, Incorporated		
3. Street Address Principal Business Office 21 Quail Hollow Dr.		City Exeter	State RI	Zip 02822
4. Business Phone No. 401 294-2322		5. State of Incorporation RHODE ISLAND		6. SIC Code 1958
7. Brief Description of the Character of Business Conducted in Rhode Island ANIMAL AND VETERINARY SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Steven D. Davidson		Vice President Name None		
Street Address 21 Quail Hollow Dr.		Street Address		
City Exeter	State RI	Zip 02822	City	State
Secretary Name None		Treasurer Name None		
Street Address		Street Address		
City	State	Zip	City	State
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 None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
8,000 NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		

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

Signature of Officer  
Steven D. Davidson  
Date  
1/3/05  
Print or Type Name of Officer  
President  
Title of Officer

File Date  
1/4/05  
Check No.  
1675  
By  
w.  
FOR SECRETARY OF STATE USE ONLY



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 OR PRINTED IN BLACK)

1. Corporate ID No. 103385		2. Name of Corporation Housecall Animal Medical Care, Incorporated			
3. Street Address Principal Business Office 21 Quail Hollow Dr.		City Exeter		State RI	Zip 02822
4. Business Phone No. 401 294-2322		5. State of Incorporation RHODE ISLAND			6. SIC Code 1958
7. Brief Description of the Character of Business Conducted in Rhode Island ANIMAL AND VETERINARY SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven D. Davidson			Vice President Name NONE		
Street Address 21 Quail Hollow Dr.			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 NONE		
Street Address			Street Address		
City	State	Zip	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) <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					

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



\* 1 0 3 3 8 5 \*

File Date	12/31/03
Check No.	1593
By:	<i>[Signature]</i>
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]* 1/1/04  
Signature of Officer Date  
Steven D. Davidson  
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 OR PRINTED IN BLACK)

1 Corporate ID No.

103385

2 Name of Corporation

Housecall Animal Medical Care, Incorporated

3 Street Address Principal Business Office

21 Quail Hollow Dr.

City

Exeter

State

RI

Zip

02882

4 Business Phone No.

401 294-2322

5 State of Incorporation

RHODE ISLAND

6 SIC Code

1958

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

Veterinary Services

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Steron D. Davidson

Vice President Name

ERIN M. Davidson

Street Address

21 Quail Hollow Dr.

Street Address

21 Quail Hollow Drive

City

Exeter

State

RI

Zip

02882

City

Exeter

State

RI

Zip

02882

Secretary Name

None

Treasurer Name

None

Street Address

Street Address

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

None

Director Name

None

Street Address

Street Address

City

State

Zip

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

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

8000

Common

No Par Value

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



\* 1 0 3 3 8 5 \*

File Date: 9-9-03

Check No. 1555

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 of Officer

Steron D. Davidson

Date

8/8/03

Print or Type Name of Officer

President

Title of Officer

5

Form 639 1292



**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. **103385**  
2. Name of Corporation **Housecall Animal Medical Care, Incorporated**  
3. Street Address Principal Business Office  
**1031 Lafayette Rd.**  
4. Business Phone No. **401 294-2322**  
5. State of Incorporation  
**RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Animal Medical Care**

City **N. Kingstown** State **RI** Zip **02852**  
6. SIC Code  
**1958**

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

President Name **Steven D. Davidson**

Vice President Name **Erin M. Davidson**

Street Address **1031 Lafayette Rd.**

Street Address **1031 Lafayette Rd.**

City **N. Kingstown** State **RI** Zip **02852**

City **N. Kingstown** State **RI** Zip **02852**

Secretary Name **None**

Treasurer Name **None**

Street Address

Street Address

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 **None**

Director Name **None**

Street Address

Street Address

City State Zip

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

**8,000 NO PAR VALUE**

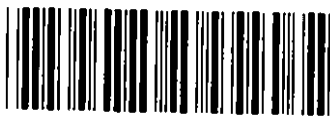
**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares Class/Series Par Value

**8000 Common No Par Value**

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



\* 1 0 3 3 8 5 \*

File Date **2/12/02**

Check No **1389**

By **LB**

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 of Officer **Steven D. Davidson** Date **2/10/02**

Print or Type Name of Officer **STEVEN D. DAVIDSON**

Title of Officer **President**



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. **103385** 2. Name of Corporation **Housecall Animal Medical Care, Incorporated**

3. Street Address Principal Business Office **1031 LAFAYETTE RD.** City **N. KINGSTOWN** State **RI** Zip **02852**

4. Business Phone No. **401 294-2322** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1958**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ANIMAL MEDICAL CARE**

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

President Name **DR. STEVEN D. DAVIDSON**  
Street Address **1031 LAFAYETTE RD.**  
City **N. KINGSTOWN** State **RI** Zip **02852**

Secretary Name **NONE**  
Street Address

City State Zip

Vice President Name **ERIN M. DAVIDSON**  
Street Address **1031 LAFAYETTE RD.**  
City **N. KINGSTOWN** State **RI** Zip **02852**

Treasurer Name **NONE**  
Street Address

City State Zip

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

Director Name **DR. STEVEN D. DAVIDSON**  
Street Address **1031 LAFAYETTE RD.**  
City **N. KINGSTOWN** State **RI** Zip **02852**

Director Name **NONE**  
Street Address

City State Zip

Director Name **NONE**  
Street Address

Director Name **NONE**  
Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>8000</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



\* 1 0 3 3 8 5 \*

File Date: **1/25/01**

Check No.: **1253**

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]** **1/23/01**  
Signature of Officer Date

**STEVEN D. DAVIDSON**  
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.

2. Name of Corporation

103385

Housecall Animal Medical Care, Incorporated

3. Street Address Principal Business Office

1031 LAFAYETTE RD.

City  
N. KINGSTOWN

State  
RI

Zip  
02852

4. Business Phone No.

401 294-2322

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

ANIMAL MEDICAL CARE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DR. STEVEN D. DAVIDSON

Vice President Name

Street Address

1031 LAFAYETTE RD.

Street Address

City

N. KINGSTOWN RI

City

State

Zip

Zip

02852

Secretary Name

Treasurer Name

Street Address

Street Address

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

DR. STEVEN D. DAVIDSON

Director Name

Street Address

1031 LAFAYETTE RD.

Street Address

City

N. KINGSTOWN RI

City

State

Zip

Zip

02852

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

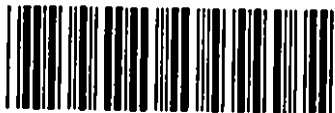
Par Value

8000

Common

No Par Value

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



\* 1 0 3 3 8 5 \*

File Date: 1/25/00

Check No.: 1035

By: Com

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 of Officer: Steven D. Davidson Date: 1/14/00

Print or Type Name of Officer: Steven D. Davidson

Title of Officer: President



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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>103385</b>		2. Name of Corporation <b>Housecall Animal Medical Care, Incorporated</b>	
3. Street Address Principal/Business Office <b>1031 Lafayette Rd.</b>		City <b>North Kingstown</b>	State <b>RI</b>
4. Business Phone No. <b>401 294-2322</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Veterinary Services</b>		6. SIC Code <b>1958</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Steven D. Davidson</b>		Vice President Name <b>None</b>	
Street Address <b>1031 Lafayette Rd.</b>		Street Address	
City <b>North Kingstown</b>	State <b>RI</b>	City	State
Zip <b>02852</b>		Zip	
Secretary Name <b>None</b>		Treasurer Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8,000 NO PAR VALUE</b>		<b>None</b>	
Par Value		Par Value	

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



\* 1 0 3 3 8 5 \*

File Date: **03-31-99**

Check No.: **910**

By: **SD**

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 of Officer: **Steven D. Davidson** Date: **2/26/99**

Print or Type Name of Officer: **Steven D. Davidson**

Title of Officer: **President**