

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

Matthew A. Brown, Secretary of State

Corporations Division 199 North Main Micel Providence, RI 03903-1335 401-222 3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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Filing Period: Januar (FORM MUST BE TYPED O		Filing Fee: \$50.00		·	
1 Corporate ID No. 103385	2 Name of Cope. Housecall	ration Animal Medical Care, Inc	orporated		
3 street Address Principal Hi 21 Quar	Hollow DR.		Exeter	state R1	²¹⁰ 02822
	-2322	5 State of Incorporation RHODE ISLAN	D1	6 SIC Code 1958	
7 Brief Description of the Ch ANIMAL AND VET					-
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Number of Shares 8,000 NO PAR VALUE	Class Series	Par Value	Number of Shares	Clas/Series	Par Value
O,000 NO PAR VALUE	<u> </u>				

This report thus		either the President, Vice	President, Secretary, Assis Under penalty of pincluding any acco	erjury, I declare and affirm	Receiver or Trustee that I have examined this report atements, and that all statements
File Date]1 <u>4</u> 0 <u>5</u>	·— — —.	_	contained Hereits at	e true and correct	1/3/05
Check No. 1675.		_	Signature of Officer Steven	D. Davidson	Date
FOR SECRETARY	OF STATE USE ONLY	_	Print or Type Name Preside	of Officer	
			Title of Officer	·	



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 PRI	NTED IN BLACK)	ng Pee: 350.00				
1. Corporate ID No.	2. Name of Corporation			<u> </u>	·	
103385 3 Street Address Principal Business	Housecall Anii	mal Medical Care, Incor				
21 Quail	Hollow DR.		Exeter	State	02822	
4. Business Phone No. 401 294-	1322	5. State of Incorporation	1		6. SIC Code	
7 Brief Description of the Character ANIMAL AND VETERIN	of Business Conducted to	RHODE ISLAND Rhode Island			1958	
8. NAMES AND ADDRESSE		S:	TACHMENT) - TELLIN	SDACES DEFORE HOW	N.C. 1977. CTT. 475.	
President Name	$\overline{}$	•	Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address		dson	Non	<u>E</u>		
21 Quail	Hollow DR	<u>.</u>	Street Address			
Exeter	State	202822	City	State	Z(p	
Secretary Name No.		1	Treasurer Name			
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9. NAMES AND ADDRESSES	I OF THE DIRECTO	 RS:	: <i>TTACHMENT</i>) ☐ FILL I	 N SPACES BEFORE US	ING ATTACHMENTS	
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Director Name NONE	. J		Director Name			
Street Address			NONE	<u> </u>		
			Street Address			
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AUTHORIZED SHARES Number of Shares			ISSUED SHARES			
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE		_				
This report must be s	igned in ink by eith	er the President Vice 1	President, Secretary, Assista			
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	an salaa maa maa maa maa	H (110)				
<u>-</u> + 1			Under penalty of per including any accom	jury. I declare and affirm panying schedules and st	that I have examined this report atements, and that all statements	
- 17 la : le n	 		contained herein are	de and correct.	1 1	
File Date 12/31/63			Ma /	-last-	1/1/04	
Check No			Signature of Officer Steven D	. Davidson	Date	
Ву:			Print or Type Name of			
FOR SECRETARY OF STATE USE ONLY		Presid.	, ,			
TON SECRETARY OF STATE USE ONLY			Title of Officer			

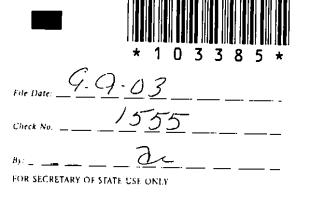
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903 1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2 Name of Corporation 103385 Housecall Animal Medical Care, Incorporated 3. Street Address Principal Business Office 21 Quail Hollow Dr. 4 Business Phone No. 401 294-2322 6 SIC Code 7 Brief Description of the Character of Business Conducted in Rhode Island 1958 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name teren D. Davidson ERIN M. Davidson 21 Quail Hollow DR. Street Addres Quail Hollow Drive Secretary Name Street Address Street Address State City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address Lip Director Name Director Name None Street Address Street Address Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 8,000 NO PAR VALUE No Par Value

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



Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements, and
hat all statements contained serein are true and correct.
8/8/03
enoture of Officer Date
Steven D. Davidson
rint or Type Name of Officer
<u>President</u>
tle of Officer
Form 630 12/02



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 _ Filling Period: January 1-March 1 • Filling 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 Latayette Rd. N. Kingstown 6 SIC Code 294-2322 40 [**RHODE ISLAND** 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 Steven D. Davidson 1031 Lafagette Rd. Street Address City State Zio 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS None Street Address Street Address City State . City State Director Name None Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 8,000 NO PAR VALUE No Par Value

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



2/12/02___

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

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 [f] 3385 2. Name of Corporation Housecall Animal Medical Care, Incorporated 3 Street Address Principal Business Office N. KINGSTOWN STATE P1 1031 LAFAYETTE RD. S. RHODE TSLAND 294-2322 7. Busel Description of the Character of Business Conducted in Rhode Island
WINTAL MEDICAL CHRE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS DR. STEVEN D. DAVIDSON ERIN M. DAVIDSON 1031 LAFAGETTE RO. 1031 LAFAYETTE RO. N. KINGSTOWN State RI NONE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS DR. STEVEN D. DAVIDSON 1031 LAFAYETTE RO. State Zip NONE City City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR AITACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 8,000 NO PAR VALUE No PAR VALUE Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee - I INCION FICIA OCION III ON III OF ICIDI DISI IDBI

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File Date.	<u>とり。</u>
Check No	1253
By: 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.
Sta / / 1/23/01
Stemature of Officer
STEVEN D. DAVIDSON
Print or Type Name of Officer
_ YRESIDENT
Title of Officer



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 Housecall Animal Medical Care, Incorporated 3. Street Address Principal Business Office 4. Business Phone No. 5. State of Incorporation 294-2322 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island ANIMAL MEDICAL 8. NAMES AND ADDRESSES OF THE OFFICERS (*X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address State ZIp Treasurer Name Street Address Street Address City 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 City State Zip Street Address Street Address City State Zip City State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Serles Par Value Number of Shares 8,000 NO PAR VALUE No Par Volue

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

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ille Date:	1/25/00
Check No.: ly:	Com
OR 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 lievein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Presiden †

Title of Officer



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

STOP PH ASE READ INTRUCTIONS

(FORM MUST BE TYPED IN BLAC		- Filing Fee: \$30.00				INSERUCTIO
1. Carporate ID No.	2. Name of Corpo					
103385 3. Street Address Principal/Business (Office	l Animal Medical Care, In	•		•	-
1031 Lafagett	e Rd.		Marth	Kingstown	State R1	02852
. Business Phone No.		S. State of Incorporation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71.55	7 (6. SIC Code
401 294-2		RHODE ISLAND				1958
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rector Name			, D			
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File Date:	0331-99
Check No.:	510
Ву:	S D
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, an
that all statements contained herein are true and correct.
56 0 2/26/99
Signature of Officer Date
Steven D. Davidson
Print or Type Name of Officer
President
Title of Officer