



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 8195		2. Name of Corporation Greenville Animal Hospital II, Ltd.			
3. Street Address Principal Business Office 24 CEDAR SWAMP ROAD			City GREENVILLE	State RI	Zip 02828
4. Business Phone No 401-231-8120		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island VETERINARIAN					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Floyd H. Graham, Jr.			Vice President Name Floyd H. Graham, Jr.		
Street Address P.O. Box 578			Street Address P.O. Box 578		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Floyd H. Graham, Jr.			Treasurer Name Floyd H. Graham		
Street Address P.O. Box 578			Street Address P.O. Box 578		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Floyd H. Graham			Director Name		
Street Address P.O. Box 578			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. 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
600	COMM NO PAR VALUE		100	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

8195

8195 DBC 01/06/06 04:20:25 PM
File Date 1/26/06
Check No. 10615
By: AMF
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.

X [Signature] 1-16-06
Signature Date
Floyd H. Graham, Jr.
Print or Type Name
President
Title



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. 8195 2. Name of Corporation Greenville Animal Hospital II, Ltd.

3. Street Address Principal Business Office 24 CEDAR SWAMP ROAD City GREENVILLE State RI Zip 02828

4. Business Phone No. 4012318120 5. State of Incorporation RHODE ISLAND 6. SIC Code 9886

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

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

President Name Floyd H. Graham, Jr. Vice President Name Floyd H. Graham, Jr.

Street Address P.O. Box 578 Street Address P.O. Box 578

City Greenville State RI Zip 02828 City Greenville State RI Zip 02828

Secretary Name Floyd H. Graham, Jr. Treasurer Name Floyd H. Graham, Jr.

Street Address P.O. Box 578 Street Address P.O. Box 578

City Greenville State RI Zip 02828 City Greenville State RI Zip 02828

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

Director Name Floyd H. Graham, Jr. Director Name

Street Address P.O. Box 578 Street Address

City Greenville State RI Zip 02828 City State Zip

Director Name Director Name

Street Address 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	Class/Series	Par Value
600	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



8 1 9 5

8195 DBC 01/06/05 11:48:21 AM

File Date 1/18/05

Check No. 10104

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] 1/18/05

Signature of Officer Date

Floyd H. Graham, Jr.

Print or Type Name of Officer

President

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 IN BLACK)

1. Corporate ID No. 8195		2. Name of Corporation Greenville Animal Hospital II, Ltd.			
3. Street Address Principal Business Office 24 CEDAR SWAMP ROAD			City GREENVILLE	State RI	Zip 02828
4. Business Phone No. 4012318120		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARIAN					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Floyd H. Graham, Jr.			Vice President Name Pamela Graham		
Street Address 14 Doyle Drive			Street Address 14 Doyle Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Pamela Graham			Treasurer Name Floyd H. Graham, Jr.		
Street Address 14 Doyle Drive			Street Address 14 Doyle Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Floyd H. Graham, Jr.			Director Name Pamela Graham		
Street Address 14 Doyle Drive			Street Address 14 Doyle Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
600 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
200		common	no par		

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



8 1 9 5

8195 DBC 01/05/04 02:02:25 PM

File Date 2/2/04

Check No. 9583

By: KMC

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] 1/12/04
Signature of Officer Date
FLOYD H. GRAHAM JR
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *8195*		2. Name of Corporation Greenville Animal Hospital II, Ltd.			
3. Street Address Principal Business Office 24 CEDAR SWAMP RD.			City GREENVILLE	State RI	Zip 02828
4. Business Phone No. 4012318120		5. State of Incorporation RHODE ISLAND			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island VETERINARIAN					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Floyd H. Graham, Jr.			Vice President Name Pamela Graham		
Street Address 14 Doyle Drive			Street Address 14 Doyle Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Pamela Graham			Treasurer Name Floyd H. Graham, Jr.		
Street Address 14 Doyle Drive			Street Address 14 Doyle Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Floyd H. Graham, Jr.			Director Name Pamela Graham		
Street Address 14 Doyle Drive			Street Address 14 Doyle Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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
600 COMM NO PAR VALUE			200	Common	No Par

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



* 8 1 9 5 *

8195 DBC1/8/034:21:52 PM

File Date 2-17-03

Check No. 8806

By: KML

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 [Signature] Date 2/10/03

Print or Type Name of Officer _____

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8195** 2. Name of Corporation **Greenville Animal Hospital II, Ltd.**
3. Street Address Principal Business Office **24 Cedar Swamp Road** City **Greenville** State **RI** Zip **02828**
4. Business Phone No. **(401) 231-8120** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

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

Veterinarian

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

President Name Floyd H. Graham, Jr.	Vice President Name Pamela Graham
Street Address 14 Doyle Drive	Street Address 14 Doyle Drive
City North Providence State RI Zip 02911	City North Providence State RI Zip 02911

Secretary Name Pamela Graham	Treasurer Name Floyd H. Graham, Jr.
Street Address 14 Doyle Drive	Street Address 14 Doyle Drive
City North Providence State RI Zip 02911	City North Providence State RI Zip 02911

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

Director Name Floyd H. Graham, Jr.	Director Name Pamela Graham
Street Address 14 Doyle Drive	Street Address 14 Doyle Drive
City North Providence State RI Zip 02911	City North Providence State RI Zip 02911

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	common	no par

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



* 8 1 9 5 *

File Date: 2/8/02

Check No.: 8501

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] Date 1/14/02

Floyd H. Graham, Jr.

President

Title of Officer



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. **8195** 2. Name of Corporation **GREENVILLE ANIMAL HOSPITAL II, LTD.**
3. Street Address Principal Business Office **24 Cedar Swamp Road** City **Greenville** State **RI** Zip **02828**
4. Business Phone No. **(401) 231-8120** 5. State of Incorporation **Rhode Island** 6. SIC Code **9886**
7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinarian

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

President Name Floyd H. Graham, Jr.	Vice President Name Pamela Graham
Street Address 14 Doyle Drive	Street Address 14 Doyle Drive
City North Providence State RI Zip 02911	City North Providence State RI Zip 02911
Secretary Name Pamela Graham	Treasurer Name Floyd H. Graham, Jr.
Street Address 14 Doyle Drive	Street Address 14 Doyle Drive
City North Providence State RI Zip 02911	City North Providence State RI Zip 02911

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

Director Name Floyd H. Graham, Jr.	Director Name Pamela Graham
Street Address 14 Doyle Drive	Street Address 14 Doyle Drive
City North Providence State RI Zip 02911	City North Providence State RI Zip 02911
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
600 SHS	common	no par

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	common	no par

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.

File Date: FILED

Signature of Officer [Signature] Date 1/26/01

Check No.: JAN 29 2001

Print or Type Name of Officer Floyd H. Graham, Jr.

By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Title of Officer President



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. 8195
2. Name of Corporation GREENVILLE ANIMAL HOSPITAL II, LTD.
3. Street Address Principal Business Office 24 Cedar Swamp Road Greenville RI 02828
4. Business Phone No. (401) 231-8120
5. State of Incorporation Rhode Island
6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinarian

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

President Name Floyd H. Graham, Jr. Street Address 14 Doyle Drive City N. Providence RI Zip 02911	Vice President Name Pamela Graham Street Address 14 Doyle Drive City N. Providence RI Zip 02911
Secretary Name Pamela Graham Street Address 14 Doyle Drive City N. Providence RI Zip 02911	Treasurer Name Floyd H. Graham, Jr. Street Address 14 Doyle Drive City N. Providence RI Zip 02911

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

Director Name Floyd H. Graham, Jr. Street Address 14 Doyle Drive City N. Providence RI Zip 02911	Director Name Pamela Graham Street Address 14 Doyle Drive City N. Providence RI Zip 02911
--	---

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
600 SHS	common	no. par

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	common	no par

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

FILED

File Date: FEB 01 2000

Check No.: By CC7532

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.

Floyd H. Graham, Jr.
Signature of Officer Date

Floyd H. Graham, JR.
Print or Type Name of Officer

President
Title of Officer



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. **8195** 2. Name of Corporation **GREENVILLE ANIMAL HOSPITAL II, LTD.**
3. Street Address Principal Business Office **24 Cedar Swamp Rd** City **Greenville** State **RI** Zip **02828**
4. Business Phone No. **(401) 231-8120** 5. State of Incorporation **Rhode Island** 6. SIC Code **9886**

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

Veterinarian

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

President Name			Vice President Name		
Floyd H. Graham, Jr.			Pamela Graham		
Street Address			Street Address		
14 Doyle Dr			14 Doyle Dr		
City	State	Zip	City	State	Zip
N. Providence	RI	02911	N. Providence	RI	02911
Secretary Name			Treasurer Name		
Pamela Graham			Floyd H. Graham, Jr.		
Street Address			Street Address		
14 Doyle Dr			14 Doyle Dr		
City	State	Zip	City	State	Zip
N. Providence	RI	02911	n. Providence	RI	02911

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

Director Name			Director Name		
Floyd H. Graham, Jr.			Pamela Graham		
Street Address			Street Address		
14 Doyle Dr			14 Doyle Dr		
City	State	Zip	City	State	Zip
N. Providence	RI	02911	N. Providence	RI	02911
Director Name			Director Name		
Street Address			Street Address		
City			City		
State	State	Zip	State	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
600 SHS	common	no par

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	common	no par

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

FILED

File Date: _____

FEB 05 1999

Check No.: _____
By: W

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.

Floyd H. Graham, Jr.
Signature of Officer _____ Date _____

Floyd H. Graham, Jr.

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8195** 2. Name of Corporation **GREENVILLE ANIMAL HOSPITAL II, LTD.**
3. Street Address Principal Business Office **24 Cedar Swamp Road** City **Greenville** State **RI** Zip **02828**
4. Business Phone No. **(401) 231-8120** 5. State of Incorporation **Rhode Island** 6. SIC Code **9886**

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

Veterinarian

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

President Name			Vice President Name		
Floyd H. Graham, Jr.			Pamela Graham		
Street Address			Street Address		
14 Doyle			14 Doyle		
City	State	Zip	City	State	Zip
No. Providence	RI	02911	No. Providence	RI	02911
Secretary Name			Treasurer Name		
Pamela Graham			Floyd H. Graham, Jr.		
Street Address			Street Address		
14 Doyle Drive			14 Doyle Drive		
City	State	Zip	City	State	Zip
No. Providence	RI	02911	No. Providence	RI	02911

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

Director Name			Director Name		
Floyd H. Graham, Jr.			Pamela Graham		
Street Address			Street Address		
14 Doyle Drive			14 Doyle Drive		
City	State	Zip	City	State	Zip
No. Providence	RI	02911	No. Providence	RI	02911
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
600 SHS	common	no par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	common	no par

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

FILED

File Date: FEB 05 1998 FEB 5 2 30 PM '98

Check No.: By (6492)

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.

[Signature] 1/31/98
Signature of Officer Date

Floyd H. Graham, Jr.
Print or Type Name of Officer

President
Title of Officer

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 8195
2. Name of Corporation GREENVILLE ANIMAL HOSPITAL II, LTD.
3. Street Address Principal Business Office 24 Cedar Swamp Road Greenville RI 02828
4. Business Phone No. (401) 231-8120 5. State of Incorporation Rhode Island 6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island
Veterinarian

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

President Name Floyd H. Graham, Jr. Street Address 14 Doyle Drive City State Zip North Providence RI 02911	Vice President Name Pamela Graham Street Address 14 Doyle Drive City State Zip North Providence RI 02911
Secretary Name Pamela Graham Street Address 14 Doyle Drive City State Zip North Providence RI 02911	Treasurer Name Floyd H. Graham, Jr. Street Address 14 Doyle Drive City State Zip North Providence RI 02911

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

Director Name Floyd H. Graham, Jr. Street Address 14 Doyle Drive City State Zip North Providence RI 02911	Director Name Pamela Graham Street Address 14 Doyle Drive City State Zip North Providence RI 02911
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10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	common	no par	200	common	no par

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

File Date: 1/29/97
Check No.: 5874
By: [Signature]

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] 1/29/97
Signature of Officer Date
Floyd H. Graham, Jr.
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 8195		2. NAME OF CORPORATION Greenville Animal Hospital II, Ltd.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 24 Cedar Swamp Road		CITY Greenville	STATE RI
		ZIP CODE 02828	
4. BUSINESS PHONE NO. (401) 231-8120		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 9886	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Veterinarian

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Floyd H. Graham Jr.			VICE PRESIDENT NAME Pamela Graham		
STREET ADDRESS 14 Doyle Drive			STREET ADDRESS 14 Doyle Drive		
CITY North Providence	STATE RI	ZIP CODE 02911	CITY North Providence	STATE RI	ZIP CODE 02911
SECRETARY NAME Pamela Graham			TREASURER NAME Floyd H. Graham Jr.		
STREET ADDRESS 14 Doyle Drive			STREET ADDRESS 14 Doyle Drive		
CITY North Providence	STATE RI	ZIP CODE 02911	CITY North Providence	STATE RI	ZIP CODE 02911

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Floyd H. Graham Jr.			DIRECTOR NAME Pamela Graham		
STREET ADDRESS 14 Doyle Drive			STREET ADDRESS 14 Doyle Drive		
CITY North Providence	STATE RI	ZIP CODE 02911	CITY North Providence	STATE RI	ZIP CODE 02911
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR COM.		200	common	no par

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.

File Date: 1-24-96

Check No: 5276

By: *[Signature]*
For Secretary of State Use Only

[Signature]
Signature of Officer

FLOYD H. GRAHAM JR
Print or Type Name of Officer

PRESIDENT
Title of Officer
12/26/95
Date



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 8195 Annual Report for the year: 1995

Name of Corporation: GREENVILLE ANIMAL HOSPITAL II, LTD.

Business entity organized under the laws of the State of: RI Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

24 Cedar Swamp Road
Greenville, RI 02828

Phone: (401) 231-8120

Brief statement of the character of business conducted in Rhode Island:
Veterinarian

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Floyd H. Graham, Jr.	14 Doyle Drive	North Providence, RI	02911
VICE PRESIDENT Pamela Graham	same as above		
SECRETARY Pamela Graham	same as above		
TREASURER Floyd H. Graham, Jr.	same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Floyd H. Graham, Jr.	same as above		
Pamela Graham	same as above		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	common	200	common

Date: JAN 19 1995 19__

By: [Signature]
FLOYD H. GRAHAM JR
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING: PRESIDENT

Form 31 1/95
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Floyd H. Graham, JR.
 14 Doyle Drive
 North Providence, RI 02911

FILED
FEB 2 1995
 1604623

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 8195 Annual Report for the year: 1994

Name of Business Entity: GREENVILLE ANIMAL HOSPITAL II, Ltd.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

248 Cedar Swamp Road

Greenville, RI 02828

Phone: (401) 231-8120

Business Entity is (check one):

- X Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Floyd H. Graham, Jr., President

248 Cedar Swamp Road

Greenville, RI 02828

Brief statement of the character of business conducted in Rhode Island:

Veterinarian

Date of Organization: Aug. 25, 1987

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) Floyd H. Graham, Jr.	14 Doyle Dr., N.	Providence, RI	02911
<input checked="" type="checkbox"/> OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) Pamela Graham	same as above		
<input type="checkbox"/> FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) Floyd H. Graham, Jr.	same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Floyd H. Graham, Jr.	same as above		
Pamela Graham	same as above		

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
600	common	200	common
	SERIES		SERIES
PAR VALUE OR WITHOUT PAR	no par	PAR VALUE OR WITHOUT PAR	no par

JAN 25 1994

Date: _____ 19 _____ By: _____

FLOYD H. GRAHAM JR
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/84

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

~~Jon A. Mills, Esq.~~
~~222 Jefferson Blvd.~~
~~Warwick, RI 02888~~

FLOYD H. GRAHAM, JR FILED
14 Doyle Dr
North Providence RI

FEB 7 1994
AMT # 29
4013

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8195 Annual Report for the year 1993

FIRST: The name of the corporation is Greenville Animal Hospital, I.I., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Veterinarian

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Cedar Swamp Rd., Greenville, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Floyd H. Graham, Jr.	Director	14 Doyle Dr., North Providence, RI
Pamela Graham	Director	"
	Director	"
Floyd H. Graham, Jr.	President	"
Pamela Graham	Vice President	"
Pamela Graham	Secretary	"
Floyd H. Graham, Jr.	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

*AMT#29
3432*

Rec'd & Filed FEB 25 1993

Dated January 29, 1993

Greenville Animal Hospital, I.I., Ltd.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee ~~SIXTY~~ \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....8195..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....GREENVILLE ANIMAL HOSPITAL II, LTD.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....veterinarian.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....Cedar Swamp Road, Greenville, RI.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Floyd H. Graham, Jr.	Director	14 Doyle Drive, North Providence, RI
Pamela Graham	Director	"
	Director	"
Floyd H. Graham, Jr.	President	14 Doyle Drive, North Providence, RI
Pamela Graham	Vice President	"
Pamela Graham	Secretary	"
Floyd H. Graham, Jr.	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		No Par

Rec'd & Filed MAR 05 1992

AM 7:29
2086

Dated.....January 31,.....19 92..... Greenville Animal Hospital II, LTD.
(Name of Corporation)

By.....*[Signature]*.....
Title.....President.....

(Report must be signed by an officer)

Filing Fee \$100.00
\$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....12688..... Annual Report for the year1991.....

FIRST: The name of the corporation is..... Greenville Animal Hospital II, Ltd.....

SECOND: It is incorporated under the laws of..... Rhode Island.....

THIRD: Character of business, briefly stated, is..... veterinarian.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island..... Cedar Swamp Road,
Greenville, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Floyd H. Graham, Jr.	Director	14 Doyle Drive, North Providence, R.I.
Pamela Graham	Director	"
	Director	
Floyd H. Graham, Jr.	President	14 Doyle Drive, North Providence, R.I.
Pamela Graham	Vice President	"
Pamela Graham	Secretary	"
Floyd H. Graham, Jr.	Treasurer	14 Doyle Drive, North Providence, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

Dated..... January 31, 19 91..... Greenville Animal Hospital II, Ltd.....
(Name of Corporation)

MAILED 3 12 1991
MAR 06 1991

By Floyd H. Graham Jr. DVM

(Report must be signed by an officer)

Title..... President.....

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year1990.....

FIRST: The name of the corporation is Greenville Animal Hospital II, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is veterinarian

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island Cedar Swamp Road, Greenville, Rhode
Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Floyd H. Graham, Jr.	Director	14 Doyle Drive, No. Providence, R.I.
Pamela Graham	Director	"
	Director	"
Floyd H. Graham, Jr.	President	"
Pamela Graham	Vice President	"
Pamela Graham	Secretary	"
Floyd H. Graham, Jr.	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

Dated February 1, 1990..... Greenville Animal Hospital II, Ltd.
(Name of Corporation)

By [Signature]
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID Annual Report for the year 1989

FIRST: The name of the corporation is Greenville Animal Hospital II, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is veterinarian

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Cedar Swamp Road, Greenville, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Floyd H. Graham, Jr.	Director	14 Doyle Drive, No. Prov., R.I.
Pamela Graham	Director	"
	Director	"
Floyd H. Graham, Jr.	President	"
Pamela Graham	Vice President	"
Pamela Graham	Secretary	"
Floyd H. Graham, Jr.	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par

FILED
APR 4 1989

Dated February 1, 1989

Greenville Animal Hospital, II, Ltd.
(Name of Corporation)

By *[Signature]*
Title *[Signature]*

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID Annual Report for the year 1988

FIRST: The name of the corporation is Greenville Animal Hospital II, Ltd.

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is veterinarian

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 222 Jefferson Boulevard, Warwick, R.I. 0288

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Floyd H. Graham, Jr.	Director	14 Doyle Drive, No. Providence, R.I.
Pamela Graham	Director	"
	Director	"
Floyd H. Graham, Jr.	President	14 Doyle Drive, No. Providence, R.I.
Pamela Graham	Vice President	"
Pamela Graham	Secretary	"
Floyd H. Graham, Jr.	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	Fund 3-2-88	No Par

Dated February 1, 1988 Greenville Animal Hospital II, Ltd.
(Name of Corporation)

By *[Signature]*
Title *[Signature]*

(Report must be signed by an officer)