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State of Rhode Island

Department of State - Business Services Division

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JAN 28 2021

BY NQOO

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
153094	PORTSMOUTH VETERINARY CLINIC, P.C.			
3. Principal Office Address		City	State	Zip
944 East Main Road		Portsmouth	RI	02871
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541940	Veterinarians			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gary B. O'Neal, D.V.M.			Vice-President Name: None		
Street Address: 944 East Main Road			Street Address:		
City: Portsmouth	State: RI	Zip: 02871	City:	State:	Zip:
Secretary Name: Gary B. O'Neal, D.V.M.			Treasurer Name: Gary B. O'Neal, D.V.M.		
Street Address: 944 East Main Road			Street Address: 944 East Main Road		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

11. 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.

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.

Name of Authorized Representative	Date
Gary B. O'Neal, D.V.M.	1/13/2021

Signature of Authorized Representative: Gary B. O'Neal DVM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020