021/20/5 o Filling Number: 202193151304018498156 2/25/2021 4:00:20 PM9

State of Rhode Island Department of	F	F				
Annual Report for the Corporation → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25	year: 	1:00km	-	FEB 2	5 2021 38	
1. Entity ID Number 001676024		ne of the Corporation Corner Cay 1				
3. Principal Office Address 42 Spring St. Heupons			City Newport	State R/	Zip 02840	
4. NAICS Code 541940 5. State of Incorporation	6. Brief desc	eterinary	er of business conduc Hospital	ted in Rhode island		
7. List ALL officers (names and addresses) President Name Tehorah Harris DVM Street Address			Check the box to indicate an attachment C Vice-President Name Street Address			
42 Spring 5 City Naupat	State 	Z1p 02840	City	State	Zip	
Secretary Name Street Address			Treasurer Name Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names Director Name	and addresses)		Oirector Name	Check the box to in	idicate an attachment E	
Street Address			Street Address			
City	State	Žip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized	of spansed in the	10. Shares Is:		Check the box to it	ndicate an attachment [
This information is currently of record in the Department of State. Changes require an additional filling.		1030		CWP	1.00	
11. This report must be exect trustee, this report must be a Under penalty of perjury, I statements, and that all st	cuted on behalf of the executed on behalf declare and affirm atements contained.	of the corporation by n that I have examin	the receiver or trustee ned this report, include	} .		
Name of Authorized Representative Deborah L. Harrs DVM Signature of Authorized Representative AUM A A A A A A A A A A A A A A A A A A				1	2-23-2021	
Signature of Authorized Rep	presentative	DW			_: =: =:	

MAIL TO:

age:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov