State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 DEC 23 AM 10: 09

Annual Report for the year: 2019
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number: 000076747	2. Exact name of the Corporation: TRI-ANIM HEALTH SERVICES, INC.		
3. Principal Office Address: 5000 TUTTLE CROSSING BLVD	City: DUBLIN	State: OH	Zip: 43016
4. NAICS Code: 423450	6. Brief description of the character of business conducted in Rhode Island: DISTRIBUTOR OF MEDICAL DEVICES		
5. State of Incorporation: CA			

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

President Name: JEFFREY PRESTEL- CEO			Vice-President Name: TOM METCALF- PRESIDENT		
Street Address: 5000 TUTTLE CROSSING BLVD			Street Address: 5000 TUTTLE CROSSING BLVD		
City: DUBLIN	State: OH	Zip: 43016	City: DUBLIN	State: OH	Zip: 43016
Secretary Name: DARRELL HUGHES			Treasurer Name: SHAWN SAYLOR		
Street Address: 5000 TUTTLE CROSSING BLVD			Street Address: 5000 TUTTLE CROSSING BLVD		
City: DUBLIN	State: OH	Zip: 43016	City: DUBLIN	State: OH	Zip: 43016

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

Director Name: JEFFREY PRESTEL			Director Name:		
Street Address: 5000 TUTTLE CROSSING BLVD			Street Address:		
City: DUBLIN	State: OH	Zip: 43016	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
209908	COMMON	0.00

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: SHAWN SAYLOR	Date: 12/21/2021
Signature of Authorized Representative: [signature]	

FILED
DEC 23 2021
BY K. Doherty-A.A. 10:11 A.M.

MAIL TO:
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