State of Rhode Island Fee: \$5 Office of the Secretary of State	50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>000768478</u>	
2. Exact Name of the Limited Liability Company <u>COUNTRY CRITTERS VETERINARY</u> <u>SERVICES, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>541940</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
THE COMPANY IS FORMED FOR THE PURPOSE VETERINARIAN SERVICES AND T ENGAGE IN	<u>0</u>
SUCH OTHER ACTIVITIES AS THE MANAGER MAY DETERMINE WHICH ARE	
PERMITTED TO BE	
ENGAGED IN BY LIMITED LIABILITY COMPANIES UNDER THE PROVISIONS OF T	<u>HE</u>
RHODE	
ISLAND LIMITED LIABILITY COMPANY ACT, AS AMENDED.	
5. Principal Office Address	
No. and Street: <u>525 SCITUATE AVENUE</u>	
City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02921</u> Country: <u>USA</u>	

 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>DINA J. SCOTTO, D.V.M.</u> Contact Title: <u>MANAGER</u> No. and Street: <u>525 SCITUATE AVENUE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02921</u> Country: <u>USA</u> 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>MCLAUGHLINQUINN LLC</u> 148 WEST RIVER STREET, SUITE 1E PROVIDENCE, <u>RI 02904</u> 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Signed this 14 Day of April, 2023 at 4:41:36 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.
No. and Street: 525 SCITUATE AVENUE City or Town: State: RI Zip: 02921 Country: USA 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 MCLAUGHLINQUINN LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Signed this 14 Day of April, 2023 at 4:41:36 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are
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By <u>DINA J. SCOTTO, D.V.M.</u> Signature of Authorized Person
Form No. 632 Revised 09/07
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