



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 JUN 2 2023

1. Entity ID Number 143156		2. Exact name of the Corporation Sharon R. Doolittle, DVM, Inc.			
3. Principal Office Address 357 Putnam Pike, Unit 6			City Smithfield	State RI	Zip 02917
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island Animal chiropractic, applies kinesiology, alternative therapies, equine and canine performance issues and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon R. Doolittle, DVM			Vice-President Name Sharon R. Doolittle, DVM		
Street Address 357 Putnam Pike, Unit 6			Street Address 357 Putnam Pike, Unit 6		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Sharon R. Doolittle, DVM			Treasurer Name Sharon R. Doolittle, DVM		
Street Address 357 Putnam Pike, Unit 6			Street Address 357 Putnam Pike, Unit 6		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sharon R. Doolittle, DVM			Director Name		
Street Address 357 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par Value
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 Sharon R. Doolittle, DVM				Date 5/30/23	
Signature of Authorized Representative <i>Sharon R. Doolittle, DVM</i>					

FILED

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

 JUN 01 2023
 BY ML 7894
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