



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022

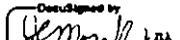
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 FOR SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 000797229		2. Exact name of the Corporation LMP Veterinary Services PC		2023 DEC 13 P 1:15	
3. Principal Office Address 10850 Via Frontera			City San Diego	State CA	Zip 92127
4. NAICS Code 453910		6. Brief description of the character of business conducted in Rhode Island Veterinary services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane S. Morello, DVM			Vice-President Name		
Street Address 10850 Via Frontera			Street Address		
City San Diego	State CA	Zip 92127	City	State	Zip
Secretary Name Jane S. Morello, DVM			Treasurer Name Jane S. Morello, DVM		
Street Address 10850 Via Frontera			Street Address 10850 Via Frontera		
City San Diego	State CA	Zip 92127	City San Diego	State CA	Zip 92127
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jane S. Morello, DVM			Director Name		
Street Address 10850 Via Frontera			Street Address		
City San Diego	State CA	Zip 92127	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CWP	\$ 0.0100
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 Jane S. Morello, DVM					Date 12/13/2023
Signature of Authorized Representative  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

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