



**State of Rhode Island  
Department of State - Business Services Division**

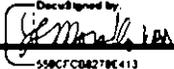
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**Annual Report for the year: 2021  
Corporation**

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOUR  
OFFICE OF THE CLERK OF THE STATE  
OFFICE ONLY

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

2023 DEC 13 P 1:15

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

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

**FILED**  
**DEC 13 2023**  
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BY RS3RS  
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