



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2021

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
 OFFICIAL USE ONLY

2023 DEC 13 P 1:15

1. Entity ID Number 000797229		2. Exact name of the Corporation LMP Veterinary Services PC	
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	
Secretary Name Jane 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	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	CWP
			\$ 0.0100
Changes require an additional filing.			
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			

DocuSigned by

 558CFC08279E413

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

DEC 13 2023
 BY RS3RS

FORM 630- Revised: 04/2023