



State of Rhode Island
Department of State - Business Services Division

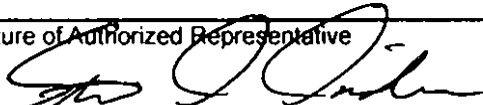
Annual Report for the year: 2024

Corporation

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

FILED

FEB 05 2024

1. Entity ID Number 000103385		2. Exact name of the Corporation Housecall Animal Medical Care, Inc.							
3. Principal Office Address 21 Quail Hollow Drive				City Exeter		State RI		Zip 02822	
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island House call veterinary services.							
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 Steven Davidson				Vice-President Name None					
Street Address 21 Quail Hollow Drive				Street Address					
City Exeter		State RI		Zip 02822		City		State Zip	
Secretary Name None				Treasurer Name None					
Street Address				Street Address					
City		State		Zip		City		State Zip	
8. List ALL directors (names and addresses)								Check the box to indicate an attachment <input type="checkbox"/>	
Director Name None				Director Name None					
Street Address				Street Address					
City		State		Zip		City		State Zip	
Director Name None				Director Name None					
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		CLASS/SERIES		PAR VALUE	
				8000		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 Steven D. Davidson								Date 2/2/2024	
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