



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
 24 FEB 14 PM 1:38:43

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.

1. Entity ID Number 000015805	2. Exact name of the Corporation Warren Animal Hospital, Inc.
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3. Principal Office Address 581 Metacom Avenue	City Warren	State RI	Zip 02885
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4. NAICS Code 541940	6. Brief description of the character of business conducted in Rhode Island Practice of Veterinary Medicine and all Allied 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 Richard M. Mello			Vice-President Name Jody M. Mello- Brooks		
Street Address 581 Metacom Avenue			Street Address 581 Metacom Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Richard M. Mello			Treasurer Name Richard M. Mello		
Street Address 581 Metacom Avenue			Street Address 581 Metacom Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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"/>		
Changes require an additional filing.	NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE 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 Richard M. Mello, President	Date 1/29/24
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Signature of Authorized Representative 	FILED
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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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 19