



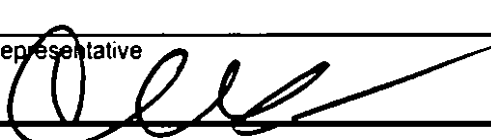
**State of Rhode Island**  
**Department of State - Business Services Division**

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.

REC'D RIDOS BSI  
24 APR 17 PM 2:23:55

1. Entity ID Number 000069637		2. Exact name of the Corporation Mt. Hope Animal Hospital, Inc.												
3. Principal Office Address 645 Bristol Ferry Road			City Portsmouth	State RI	Zip 02871									
3. NAICS Code 541940		4. Brief description of the character of business conducted in Rhode Island Veterinary Hospital												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Christopher J. Bert			Vice-President Name											
Street Address 645 Bristol Ferry Road			Street Address											
City Portsmouth	State RI	Zip 02871	City	State	Zip									
Secretary Name Christopher J. Bert			Treasurer Name Christopher J. Bert											
Street Address 645 Bristol Ferry Road			Street Address 645 Bristol Ferry Road											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
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			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.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>Common</td> <td>no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	no par value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
50	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.														
<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 Christopher J. Bert			FILED		Date 4/15/24									
Signature of Authorized Representative 			APR 17 2024 BY <u>4862</u> KS											