

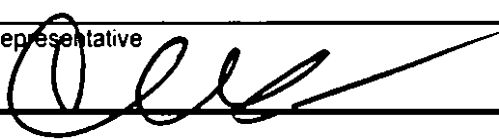


**State of Rhode Island  
Department of State - Business Services Division**

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

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 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)					Check the box to indicate an attachment <input type="checkbox"/>
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)					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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		50		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.					
<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		

MAIL TO:  
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