

State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Professional Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

1. Corporate ID No. 001751850

2. Name of Corporation Veterinary Dentistry and Oral Surgery of Rhode Island, Inc.

3. Street Address Principal Business Office:

No. and Street: 1845 SMITH STREET, UNIT #1

C/O ROBERT J. SCLAMA, CPA

City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

4. Business Phone No.

2158805081

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541940

6. Brief Description of the Character of Business Conducted in Rhode Island

VETERINARY DENTISTRY AND ORAL SURGERY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	DANIEL J. CLAYTON	701 MAIN STREET BOYLSTON, MA 01506 USA
OTHER OFFICER	DANIEL CLAYTON	701 MAIN STREET ,

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares	Total Issued and Outstanding Num of
			Number of Shares	Shares
CNP		\$0.0000	1,000.00	0

9. 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.

Signed this 23 Day of May, 2024 at 10:37:58 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By **DANIEL CLAYTON**

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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