



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.

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FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>143156</b>		2. Exact name of the Corporation <b>Sharon R. Doolittle, DVM, Inc.</b>			
3. Principal Office Address <b>357 Putnam Pike, Unit 6</b>		City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>541940</b>		6. Brief description of the character of business conducted in Rhode Island <b>Animal chiropractic, applies kinesiology, alternative therapies, equine and canine performance issues and any other lawful business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sharon R. Doolittle, DVM</b>			Vice-President Name <b>Sharon R. Doolittle, DVM</b>		
Street Address <b>357 Putnam Pike, Unit 6</b>			Street Address <b>357 Putnam Pike, Unit 6</b>		
City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	
Secretary Name <b>Sharon R. Doolittle, DVM</b>		Treasurer Name <b>Sharon R. Doolittle, DVM</b>			
Street Address <b>357 Putnam Pike, Unit 6</b>			Street Address <b>357 Putnam Pike, Unit 6</b>		
City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sharon R. Doolittle, DVM</b>			Director Name		
Street Address <b>357 Putnam Pike</b>			Street Address		
City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>100</b>		CLASS/SERIES <b>Common</b>
			PAR VALUE <b>No Par Value</b>		
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 <b>Sharon R. Doolittle, DVM</b>			FILED <b>MAY 31 2024</b>		Date <b>5/28/24</b>
Signature of Authorized Representative <i>Sharon R. Doolittle</i>			BY <b>13987</b>		

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov