

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

Annual Report for the year: 2016

**Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2 Exact name of the Limit	2 Exact name of the Limited Liability Company			
000270555	SEASIDE VETE	SEASIDE VETERINARY SERVICES, LLC			
3. NAICS Code <b>541940</b>	<u> </u>	4. Brief description of the character of business conducted in Rhode Island  Veterinary Services and Sale of Related Products			
5 State of Formation	veterinary Services				
6. Principal Office Address		City	State	Zip	
143 BELLE VISTA ROAD		NORTH TROY	Vτ	05859	
7. Mailing Address of Limite	ed Liability Company and Name of	or Title of Contact Person	1	1	
Contact Name DAVID A STRUZIK		Contact Title MANAGER			
Street Address 143 BELLE VISTA ROAD		City NORTH TROY	State VT	Zip 05859	
8. The Resident Agent info	mation currently of record with the	ne RI Department of State is accurate	e. Changes require	filing Form 642.	
	ry, I declare and affirm that I ha tatements contained herein are	ve examined this report, including a true and correct.	any accompany	ing schedules and	
Name of Authorized Person			Date		
DAVID A STRUZIK			2-17-2025		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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