



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
STATE
USE ONLY

**Annual Report for the year: 2025
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 000112856			2. Exact name of the Corporation Ocean State Veterinary Specialists, Ltd.								
3. Principal Office Address 1480 South County Trail			City East Greenwich		State RI						
					Zip 02818						
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island Practice of veterinary medicine.									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Justine A. Johnson, DVM			Vice-President Name Gary I. Block, DVM								
Street Address 1480 South County Trail			Street Address 1480 South County Trail								
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818						
Secretary Name Justine A. Johnson, DVM			Treasurer Name Gary I. Block, DVM								
Street Address 1480 South County Trail			Street Address 1480 South County Trail								
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name Justine A. Johnson, DVM			Director Name Gary I. Block, DVM								
Street Address 1480 South County Trail			Street Address 1480 South County Trail								
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐								
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>840</td> <td>Common Shares</td> <td>no par value</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	840	Common Shares	no par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
840	Common Shares	no par value									
Changes require an additional filing.											
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 Justine Johnson					Date 2/12/25						
Signature of Authorized Representative 											

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 19 2025
BY **ml 14919**