State of Rhode Island
Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation			
000112856	**Ocean State Veterinary Specialists, Ltd.**			
3. Principal Office Address		City	State	Zip
1480 South County Trail		**East Greenwich**	**RI**	**02818**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541940	**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			Vice-President Name		
Justine A. Johnson, DVM			**Gary I. Block, DVM**		
Street Address			Street Address		
1480 South County Trail			**1480 South County Trail**		
City	State	Zip	City	State	Zip
East Greenwich	**RI**	**02818**	**East Greenwich**	**RI**	**02818**
Secretary Name			Treasurer Name		
Justine A. Johnson, DVM			**Gary I. Block, DVM**		
Street Address			Street Address		
1480 South County Trail			**1480 South County Trail**		
City	State	Zip	City	State	Zip
East Greenwich	**RI**	**02818**	**East Greenwich**	**RI**	**02818**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Justine A. Johnson, DVM			**Gary I. Block, DVM**		
Street Address			Street Address		
1480 South County Trail			**1480 South County Trail**		
City	State	Zip	City	State	Zip
East Greenwich	**RI**	**02818**	**East Greenwich**	**RI**	**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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**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	Date
Justine Johnson	2/12/25
Signature of Authorized Representative	

FILED
FEB 19 2025
BY ML 14919

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

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