



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

Annual Report for the year: 2025  
 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.

**FILED**  
 MAR 11 2025  
 BY *[Signature]*

|                                                                                                                                                                                                                |  |                                                                                                                                 |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>508152</b>                                                                                                                                                                           |  | 2. Exact name of the Limited Liability Company<br><b>Veterinary Services of Pawtucket LLC</b>                                   |                          |
| 3. NAICS Code<br><b>621399</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Veterinary services, vaccine, surgery etc</b> |                          |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                   |  |                                                                                                                                 |                          |
| 6. Principal Office Address<br><b>310 East Avenue</b>                                                                                                                                                          |  | City<br><b>Pawtucket</b>                                                                                                        | State<br><b>RI</b>       |
| Zip<br><b>02860</b>                                                                                                                                                                                            |  |                                                                                                                                 |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                 |                          |
| Contact Name<br><b>Jeanne Langford</b>                                                                                                                                                                         |  | Contact Title<br><b>Member</b>                                                                                                  |                          |
| Street Address<br><b>131 Point Avenue</b>                                                                                                                                                                      |  | City<br><b>Warwick</b>                                                                                                          | State<br><b>RI</b>       |
| Zip<br><b>02889</b>                                                                                                                                                                                            |  |                                                                                                                                 |                          |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                 |                          |
| 9. <i>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.</i> |  |                                                                                                                                 |                          |
| Name of Authorized Person<br><b>Jeanne Langford</b>                                                                                                                                                            |  |                                                                                                                                 | Date<br><b>2/27/2025</b> |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                           |  |                                                                                                                                 |                          |

**MAIL TO:****Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)