State of Rhode Island Fee: \$50.00 Office of the Secretary of State Fee: \$50.00
Division Of Business Services
148 W. River Street Providence RI 02904-2615
1636 (401) 222-3040
Professional Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025
1. Corporate ID No. 001736180
2. Name of Corporation Elbow Rock Integrative Veterinary Care P.C.
3. Street Address Principal Business Office:
No. and Street: <u>55 ELBOW ROCK ROAD</u>
City or Town:CHEPACHETState: RIZip: 02814Country: USA
4. Business Phone No.
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>541940</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
VETERINARY MEDICINE
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
PRESIDENT	JESSICA MACHO				
				55 ELBOW ROCK ROAD CHEPACHET, RI 02814 USA	
	1				
. Shares Authorized and	Issued				
Class of Stock	Series of Stock Par V		alue Per		Total Issued and
		Share		Total Authorized	Outstanding
				Shares	Num of
				Number of Shares	Shares
CNP		\$0.0000		200.00	0
By <u>JESSICA MACHO</u> Signature of Authorize	d Representative of the	he Corpo	ration		
	d Representative of the	he Corpo	ration		
Signature of Authorize	d Representative of t	he Corpo	ration		
Signature of Authorize orm No. 630 evised 09/07	d Representative of t	he Corpo	ration		
Signature of Authorize orm No. 630 evised 09/07	d Representative of th	he Corpo	ration		
Signature of Authorize orm No. 630 evised 09/07	d Representative of t	he Corpo	ration		
Signature of Authorize orm No. 630 evised 09/07	d Representative of t	he Corpo	ration		