



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
25 APR 9 AM 11:50:15
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1. Entity ID Number 001715571		2. Exact name of the Corporation Salty Paws Veterinary Care, P.C.			
3. Principal Office Address 245 Robert Gray Avenue			City Tiverton	State RI	Zip 02878
4. NAICS Code 541940		6. Brief description of the character of business conducted in Rhode Island VETERINARIAN SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Meredith Goyette			Vice-President Name Meredith Goyette		
Street Address 245 Robert Gray Avenue			Street Address 245 Robert Gray Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Meredith Goyette			Treasurer Name Meredith Goyette		
Street Address 245 Robert Gray Avenue			Street Address 245 Robert Gray Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	C. ASS/SERIES Common Shares	PAR VALUE 0.01 par value	
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 <i>Meredith Goyette</i>				Date <i>4/9/25</i>	
Signature of Authorized Representative <i>Meredith Goyette</i>				APR 09 2025	

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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FORM 630 - Revised 04/2023