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State of Rhode Island
Department of State - Business Services Division

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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		
143156	Sharon R. Doolittle, DVM, Inc.		
3. Principal Office Address	City	State	Zip
357 Putnam Pike, Unit 6	Smithfield	RI	02917
4. NAICS Code: 541940	6. Brief description of the character of business conducted in Rhode Island: Animal chiropractic, applies kinesiology , alternative therapies, equine and canine performance issues and any other lawful business.		
5. State of Incorporation: Rhode Island			

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

President Name: Sharon R. Doolittle, DVM			Vice-President Name: Sharon R. Doolittle, DVM		
Street Address: 357 Putnam Pike, Unit 6			Street Address: 357 Putnam Pike, Unit 6		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Sharon R. Doolittle, DVM			Treasurer Name: Sharon R. Doolittle, DVM		
Street Address: 357 Putnam Pike, Unit 6			Street Address: 357 Putnam Pike, Unit 6		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

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

Director Name: Sharon R. Doolittle, DVM			Director Name:		
Street Address: 357 Putnam Pike			Street Address:		
City: Smithfield	State: RI	Zip: 02917	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No 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: Sharon R. Doolittle, DVM

Date: 4/2/25

Signature of Authorized Representative: Sharon R. Doolittle DVM

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

FILED
MAY 30 2025
BY

FORM 630 - Revised: 11/2021