

FOR SECRETARY OF STATE USE ONLY

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Componenta ID No.	2 Name of Continuation
subject to a penalty fee of \$25.00.	
* In accordance with R.I.G.L. 7-1.2-15	501(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(ccbd)).

* In accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	2-1501(e), each corpo	ration failing or refusing to file its ann	ual report within thirty (30) a	lays after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 62769	2. Name of Corp ATWOOD	oration ANIMAL HOSPITAL, INC.			, , , , , , , , , , , , , , , , , , , ,
3. Street Address Principal Business Office 342 Atwood Avenue			City Cranston	State RI	<sup>Ζψ</sup> 02920
4. Business Phone No. 5. State of Incorporation Rhode Island					
<ol><li>Brief Description of the Character provide health care for per</li></ol>	ts				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name David A. DiMeo, D.V.M.			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Julie A. Pelto, D.V.M.		
Street Address 342 Atwood Avenue			Street Address 342 Atwood Avenue		
City Cranston	State RI	<sup>Zip</sup> <b>02920</b>	City Cranston	State RI	<sup>Zip</sup> 02920
Secretary Name David A. DiMeo, D.V.M.			Treasurer Name David A. DiMeo, D.V.M.		
Street Address 342 Atwood Avenue			Street Address 342 Atwood Avenue		
City Cranston	State RI	<sup>Ζφ</sup> 02920	Cuy Cranston	State RI	<sup>Zip</sup> 02920
8. NAMES AND ADDRESSE Director Name David A. DiMeo, D.V.M. Street Address		CTORS: ("X" BOX FOR AT	TACHMENT) TILL I Director Name Julie A. Pelto, D.V. Street Address	N SPACES BEFORE USIN	G ATTACHMENTS
342 Atwood Avenue			342 Atwood Avenue		
City Cranston Director Name	State RI	<sup>2φ</sup> 02920	City Cranston Director Name	State RI	<sup>Z</sup> φ 02920
Street Address			Street Address		
Сйу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	l	l 	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	Common	No Par
		ne corporation by an authorize		corporation is in the hand	s of a receiver or trustee,
FILE	<u>D</u>		including any acc		that I have examined this report atements, and that all statement
File Date FEB 19 2810			Signature De Meo DVM 2/12/10		
Check No. 9V VOLED			David A. DiMeo, D.V.M.  Print or Type Name		