



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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

* 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.

1. Corporate ID No. 94754		2. Name of Corporation Emergency Veterinary Services of Rhode Island, Inc.			
3. Street Address Principal Business Office 205 Hallene Road, Unit #213			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 732-1811		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island provision of veterinary and related services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew J. Martin, DVM			Vice President Name		
Street Address 191 Franklin Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Andrew J. Martin, DVM			Treasurer Name Andrew J. Martin, DVM		
Street Address 191 Franklin Road			Street Address 191 Franklin Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Andrew J. Martin, DVM			Director Name		
Street Address 191 Franklin Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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. 600 no par value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series common	Par Value no par

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.

Andrew J. Martin 1/23/12
Signature Date
Andrew J. Martin, DVM
Print or Type Name
President
Title

FILED 94754
File Date **FEB 22 2012**
Check No. _____
By: *MMC*
1578
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