



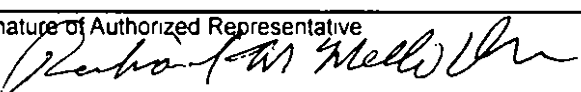
State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 JAN 31 PM 3:45

1. Entity ID Number <b>000015805</b>		2. Exact name of the Corporation <b>Warren Animal Hospital, Inc.</b>			
3. Principal Office Address <b>581 Metacom Avenue</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4. NAICS Code <b>541940</b>		6. Brief description of the character of business conducted in Rhode Island <b>Practice of Veterinary Medicine and all Allied Services.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard M. Mello</b>			Vice-President Name <b>Jody M. Mello- Brooks</b>		
Street Address <b>581 Metacom Avenue</b>			Street Address <b>581 Metacom Avenue</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Richard M. Mello</b>			Treasurer Name <b>Richard M. Mello</b>		
Street Address <b>581 Metacom Avenue</b>			Street Address <b>581 Metacom Avenue</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		600	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. <b>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.</b>					
Name of Authorized Representative <b>Richard M. Mello, President</b>				Date <b>01/24/2022</b>	
Signature of Authorized Representative 				<b>FILED</b>  <b>JAN 31 2022</b> <b>30835</b> <b>AA.</b>	