State of Rho Office of the Sec	
Division Of Busi 148 W. Riv Providence RI (401) 222	ver Street 02904-2615
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>000870029</u>	
2. Exact Name of the Limited Liability Company Coventry Animal Hospital, LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>541940</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
TO PROVIDE VETERINARY SERVICES	
5. Principal Office Address	
No. and Street:2091 NOOSENECK HILL RDCity or Town:COVENTRY	State: <u>RI</u> Zip: <u>02816</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:SAM LESTERContact Title:No. and Street:2091 NOOSENECK HILL RDCity or Town:COVENTRY	State: <u>RI</u> Zip: <u>02816</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
DANIEL P. MCKIERNAN 400 SMITH STREET PROVIDENCE , RI 02908	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of February, 2023 at 3:04:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SAM LESTER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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