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Annual Report for the year: 2024
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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|---|---|
| 1. Entity ID Number 000015805 | 2. Exact name of the Corporation Warren Animal Hospital, Inc. |
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|--|-----------------------|--------------------|---------------------|
| 3. Principal Office Address 581 Metacom Avenue | City Warren | State RI | Zip 02885 |
|--|-----------------------|--------------------|---------------------|

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| 4. NAICS Code 541940 | 6. Brief description of the character of business conducted in Rhode Island Practice of Veterinary Medicine and all Allied Services. |
| 5. State of Incorporation Rhode Island | |

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|--|-----------------|------------------|--|-----------------|------------------|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Richard M. Mello | | | Vice-President Name Jody M. Mello- Brooks | | |
| Street Address 581 Metacom Avenue | | | Street Address 581 Metacom Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| Secretary Name Richard M. Mello | | | Treasurer Name Richard M. Mello | | |
| Street Address 581 Metacom Avenue | | | Street Address 581 Metacom Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |

| | | | | | |
|---|-------|-----|----------------|-------|-----|
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 |

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|--|---|-------------------------------|----------------------------------|
| 9. Shares Authorized This information is currently of record in the Department of State. | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | NUMBR OF SHARES 600 | CLASS/SERIES Common | PAR VALUE 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.

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|---|------------------------|
| Name of Authorized Representative Richard M. Mello, President | Date 1/29/24 |
|---|------------------------|

| | |
|---|--------------|
| Signature of Authorized Representative <i>Richard M. Mello</i> | FILED |
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MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 14 2024
 BY dv#2A