



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 96939		2. Exact name of the Corporation David L. Renaud, D.D.S. Ltd.			
3. Principal office address 1235 Wampanoag Trail		City East Providence		State RI	Zip 02915
4. Business Phone No. (401) 437-3320		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The Practice of Dentistry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dr. David L. Renaud			Vice-President Name Dr. David L. Renaud		
Street Address 1235 Wampanoag Trail			Street Address 1235 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Dr. David L. Renaud			Treasurer Name Dr. David L. Renaud		
Street Address 1235 Wampanoag Trail			Street Address 1235 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dr. David L. Renaud			Director Name		
Street Address 1235 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NONE

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 12 2013

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.

Signature of Authorized Representative

Date

Dr. David L. Renaud

President

Print or Type Name of Authorized Representative