RI SOS Filing Number: 201328367800 Date: 09/18/2013 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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

** 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.*

1. ID No.	2. Exact name of the limited liability company
164523	May D. Gao, DMD, MS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Operation of a dental practice.

5. Principal office address	City	State	Zip
1050 Main Street, Suite #29	East Greenwich	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
May D. Gao, DMD	Member

Street Address	City	State	Zip
1050 Main Street, Suite #29	East Greenwich	RI	02818

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED

SEP 18 2013

By MMC #3356

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

[redacted] 164523 [redacted]

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY
97346-13-906191

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 Person *Date* 9/7/13

[redacted] May D. Gao, DMD

Print or Type Name of Authorized Person

Form 632 Rev. 08/08