



**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 2014**

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. <b>98567</b>		2. Exact name of the Corporation <b>ANDREW GAZERRO, III D.M.D. P.C., INC.</b>			
3. Principal office address <b>1425 Main Street</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893-0000</b>
4. Business Phone No.			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>the operation of a dental practice.</b>					
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>Andrew Gazerro, III</b>			Vice-President Name <b>Andrew Gazerro, III</b>		
Street Address <b>1425 Main Street</b>			Street Address <b>1425 Main Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893-</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893-</b>
Secretary Name <b>Andrew Gazerro, III</b>			Treasurer Name <b>Andrew Gazerro, III</b>		
Street Address <b>1425 Main Street</b>			Street Address <b>1425 Main Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893-</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893-</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Director Name <b>Andrew Gazerro, III</b>			Director Name <b>none</b>		
Street Address <b>1425 Main Street</b>			Street Address <b>none</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
<b>9: SHARES AUTHORIZED</b>			<b>10: SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <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	No Par

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**

JAN 08 2014

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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.

*Andrew Gazerro, III*  
 Signature of Authorized Representative  
 Date: 1/06/2014  
 Andrew Gazerro, III  
 Print or Type Name of Authorized Representative  
 President