



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