

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 period must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 87212		2. Name of Corporation Peter A. Bourdeau, DDS, Ltd.			
3. Principal office address 469 Centerville Road		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-739-2345		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island President					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Peter A. Bourdeau, DDS			Vice-President Name		
Street Address 121 Briarcliff Avenue 125 Boylston Drive			Street Address		
City Warwick CRANSTON	State RI	Zip 02889 02921	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Peter A. Bourdeau, DDS			Director Name		
Street Address 121 Briarcliff Avenue 125 Boylston Drive			Street Address		
City Warwick CRANSTON	State RI	Zip 02889 02921	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) ☐		
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: _____

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BY

FILED

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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.

Signature of Authorized Person

Date

Peter A. Bourdeau, DDS

Print or Type Name of Authorized Person