



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|-------------|--|---------------------------------------|--------------|--------------|
| 1. Corporate ID No. 17190 | | 2. Name of Corporation Hodosh Dental Associates, Inc. | | | |
| 3. Street Address Principal Business Office 197 Taunton Avenue, Suite 203 | | | City East Providence | State RI | Zip 02914 |
| 4. Business Phone No. (401) 434-5400 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Providing dental services as defined in Sec. 7-5.1 of the RI General Laws as Amended. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Steven H. Hodosh | | | Vice President Name Alex J. Hodosh | | |
| Street Address 243 Elmwood Avenue | | | Street Address 243 Elmwood Avenue | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| Secretary Name Alex J. Hodosh | | | Treasurer Name Steven H. Hodosh | | |
| Street Address 243 Elmwood Avenue | | | Street Address 243 Elmwood Avenue | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Steven H. Hodosh | | | Director Name Alex J. Hodosh | | |
| Street Address 243 Elmwood Avenue | | | Street Address 243 Elmwood Avenue | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| 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"/> | | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| 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 shares | common | no par value | |

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.

FILED

FEB 14 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.

Signature

Date

Steven H. Hodosh

Print or Type Name

President

Title

