

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.

. Entity ID No.	2. Exact name of the Corporation					
42143	Roy A.	Roy A. Ragge', D.M.D., Inc				
			To:	101-11-	7in	
Principal office address 222 Jefferson Blvd			City Warwick	State RI	Zip 02888	
1. Business Phone No. 401-736-5136			5. State of Incorporation Rhode Island			
Brief description of the c		conducted in Rhode Island				
General Dental Prac	ctice					
			ne okaj vidoje	the control of the co	Visa E Very County Cours	
			Vice-President Name			
President Name Roy A Ragge			None			
Street Address			Street Address			
63 West Blue Ridge	Road		None			
City Cranston	State RI	Zip 02920	City None	State None	Zip None	
Secretary Name None			Treasurer Name None			
Street Address None			Street Address None			
City None	State None	Zip None	City None	State None	Zip None	
				The state of the s	Committee of the Commit	
Director Name	Adaptation to the Manual State of the State		Director Name			
Jennifer L D'Elia			None			
Street Address			Street Address None			
222 Jefferson Blvd	To: .	 	-	State	Zip	
City Warwick	State RI	Zip 02888	City None	None	None	
Director Name			Director Name			
None			None			
Street Address None			Street Address None			
City None	State None	Zip None	City None	State NOne	Zip None	
Andrew Commence	Section 4 to the section of the sect					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUÉ	
			Q.	STK	0.0000	
or State. Changes require See Section 9 of instructi		•		-		
This report must be execu	ted on behalf of the o	corporation by an authorize	nd representative. If the	e corporation is in the hand	s of a receiver or tru	
	this report mus	t be executed on behalf of		receiver or trustee. perjury, I declare and affi	rm that I have exan	
File Dete			this report, includ	fing any accompanying s	chedules and state	

File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No.	(18,0'ELia) 212012014
The second secon	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ORLY MAR	Jennifek L. D'Elia
Form No. 630	Print or Type Name of Authorized Representative

Revised: 01/2012