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.	2. Exact name of the Corporation			
163881	Crestview Dental Associates, Inc.			
3. Principal office address: 33 Crestview Drive		City: Westerly	State: RI	Zip: 02891
4. Business Phone No.: 401-596-0319		5. State of Incorporation: Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
To Render Professional Services by Persons Authorized to Practice Dentistry in the State of Rhode Island

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jennifer A. Torbett			Vice-President Name		
Street Address: 33 Crestview Drive			Street Address		
City: Westerly	State: RI	Zip: 02891	City	State	Zip
Secretary Name: Jennifer A. Torbett			Treasurer Name: Jennifer A. Torbett		
Street Address: 33 Crestview Drive			Street Address: 33 Crestview Drive		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Jennifer A. Torbett			Director Name		
Street Address: 33 Crestwood Drive			Street Address		
City: Westerly	State: RI	Zip: 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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.

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.

3/13/14
Signature of Authorized Representative — Date

Jennifer A. Torbett
Print or Type Name of Authorized Representative

FILED
MAR 17 2014
6795

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012