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JE ISLAND AND PROVIDENCE PLANTATIONS
cretary of State - Division of Business Services
:et, Providence, Rhode Island 02904-2615
..2-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFI ORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
17190	HODOSH DENTAL ASSOCIATES, INC

3. Principal office address	City	State	Zip
197 TAUNTON AVENUE, SUITE 203	EAST PROVIDENCE	RI	02914

4. Business Phone No.	5. State of Incorporation
401.434.5400	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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
STEVEN H. HODOSH	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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
STEVEN H. HODOSH	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

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 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.

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 Representative — Date: 1/7/15

STEVEN H. HODOSH, PRESIDENT
Print or Type Name of Authorized Representative

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 0 2 2015
BY 3118

Form No. 630
Revised: 01/2012

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