



STATE OF RHODE ISLAND  
SECRETARY OF STATE - Division of Business Services  
Providence, Rhode Island 02904-2615  
Phone: 401-230-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION 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. <b>17190</b>		2. Exact name of the Corporation <b>HODOSH DENTAL ASSOCIATES, INC</b>						
3. Principal office address <b>197 TAUNTON AVENUE, SUITE 203</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>				
4. Business Phone No. <b>401.434.5400</b>		5. State of Incorporation <b>RHODE ISLAND</b>						
6. Brief description of the character of business conducted in Rhode Island <b>PROVIDING DENTAL SERVICES AS DEFINED IN SEC. 7-5.1 OF THE RI GENERAL LAWS AS AMENDED</b>								
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
President Name <b>STEVEN H. HODOSH</b>			Vice-President Name <b>ALEX J. HODOSH</b>					
Street Address <b>243 ELMWOOD AVENUE</b>			Street Address <b>243 ELMWOOD AVENUE</b>					
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>			
Secretary Name <b>ALEX J. HODOSH</b>			Treasurer Name <b>STEVEN H. HODOSH</b>					
Street Address <b>243 ELMWOOD AVENUE</b>			Street Address <b>243 ELMWOOD AVENUE</b>					
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>			
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
Director Name <b>STEVEN H. HODOSH</b>			Director Name <b>ALEX J. HODOSH</b>					
Street Address <b>243 ELMWOOD AVENUE</b>			Street Address <b>243 ELMWOOD AVENUE</b>					
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
<b>9. SHARES AUTHORIZED</b>								
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 VALUE
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								

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 \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

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

**STEVEN H. HODOSH, PRESIDENT**

Print or Type Name of Authorized Representative

**MAR 02 2015**

**BY**

**3118**