



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 125287		2. Exact name of the limited liability company PERIODONTIC REALTY ASSOCIATES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 167 GANO STREET		City PROVIDENCE		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SCOTT M. FERTIK, D.D.S.			Contact Title MANAGER		
Street Address 167 GANO STREET		City PROVIDENCE		State RI	Zip 02906
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name SCOTT M. FERTIK, D.D.S.			Manager Name		
Street Address 167 GANO STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name E. COLBY CAMERON, ESQ.			Address		
Address 301 PROMENADE STREET		City PROVIDENCE		Zip 02908	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

125287

FILED
OCT 26 2015

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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 of Authorized Person Date 10/21/15

SCOTT M. FERTIK D.D.S., MANAGER

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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