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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 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		
000101261	Drs. Stadelmann + Gulino, Inc		
3. Principal office address: 65 Beach Street	City: Westerly	State: R.I.	Zip:
4. Business Phone No.: 401-596-0337	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: Dental Office			

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

	President	Vice-President	Secretary	Treasurer
Name	Dante Gulino Jr	Robert Stadelmann	Dante Gulino Jr	Dante Gulino Jr
Street Address	65 Beach Street	65 Beach Street	65 Beach St	65 Beach Street
City	Westerly	Westerly	Westerly	Westerly
State	R.I.	RI	R.I.	RI
Zip	02891	02891	02891	02891

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

	Director	Director
Name	None	None
Street Address	X	X
City		
State		
Zip		

9. SHARES AUTHORIZED	**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐	
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: ~~None~~ 200	CLASS/SERIES: ~~None~~	PAR VALUE: ~~None~~ NONE

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.

FILED
NOV 19 2015
BY 241535

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

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.

Dante E. Gulino Jr 9.15.15
Signature of Authorized Representative — Date

Dante E. Gulino Jr
Print or Type Name of Authorized Representative

2015 NOV 19 PM 1:11

Form No. 630
Revised: 01/2012
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