RI SOS Filing Number: 201588364340 Date: 11/23/2015 4:00 PM

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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.	2. Exact name of the limited liability company
998103	COASTAL DENTAL ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	DENTAL PRACTICE

5. Principal office address	City	State	Zip
171 Broadway	Providence	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Stacie Brito	Administrator

Street Address	City	State	Zip
282 Church Pond Drive	Tiverton	RI	02878

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	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED
NOV 23 2015
BY CR261782

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

[redacted] 998103

[redacted]

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.

Jennifer Kuchar, DMD 11-10-15
Signature of Authorized Person *Date*

[redacted] DR. JENNIFER KUCHAR
Print or Type Name of Authorized Person

File Date _____
Check No. 1296
By: _____
FOR SECRETARY OF STATE USE ONLY

128186-3-1083648

Form 632 Rev. 08/09