



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 2016

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. <u>11621</u>		2. Exact name of the Corporation <u>MARK S. BICHAJIAN, DMD, INC.</u>		
3. Principal office address <u>708 WARWICK AVE</u>		City <u>WARWICK</u>	State <u>RI.</u>	Zip <u>02888</u>
4. Business Phone No. <u>401-785-2111</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>DENTISTRY</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>MARK S. BICHAJIAN, DMD.</u>		Vice-President Name <u>MARK S. BICHAJIAN, DMD</u>		
Street Address <u>55 BEECHWOOD DRIVE</u>		Street Address <u>55 BEECHWOOD DRIVE</u>		
City <u>CRAUSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRAUSTON</u>	State <u>RI.</u>
Secretary Name <u>MARK S. BICHAJIAN, DMD.</u>		Treasurer Name <u>MARK S. BICHAJIAN, DMD</u>		
Street Address <u>55 BEECHWOOD DRIVE</u>		Street Address <u>55 BEECHWOOD DRIVE</u>		
City <u>CRAUSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRAUSTON</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>MARK S. BICHAJIAN, DMD.</u>		Director Name		
Street Address <u>55 BEECHWOOD DRIVE</u>		Street Address		
City <u>CRAUSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		<u>100 SHARES</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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

Form No. 630
 Revised: 01/2012

FILED

JAN 21 2016

KL 38851

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.

Dr. Mark Bichajian 1-16-16
 Signature of Authorized Representative Date

DR MARK BICHAJIAN
 Print or Type Name of Authorized Representative