



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. 760947		2. Exact name of the Corporation Anthony J. Gazzola, Jr., DMD, P.C.		
3. Principal office address 6320 Post Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Dentistry in the State of Rhode Island				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Anthony J. Gazzola, Jr.		Vice-President Name		
Street Address 80 Watch Hill		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Secretary Name Anthony J. Gazzola, Jr.		Treasurer Name Anthony J. Gazzola, Jr.		
Street Address 80 Watch Hill		Street Address 80 Watch Hill		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Anthony J. Gazzola, Jr.		Director Name		
Street Address 80 Watch Hill		Street Address		
City East Greenwich	State RI	Zip 02818	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
		100	Common	No Par

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: _____

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.

FILED

Signature of Authorized Representative *Anthony J. Gazzola, Jr.* Date *2/11/16*

FEB 10 2016

Anthony J. Gazzola, Jr.

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

BY *KL 1788*