



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. 5221 | | 2. Exact name of the Corporation Angell Street Dental Associates, Inc. | | | |
| 3. Principal office address 425 Angell Street | | | City Providence | State RI | Zip 02906 |
| 4. Business Phone No. 401/272-2331 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island General dentistry | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Charles M. Riotto, DMD | | | Vice-President Name Thomas G. DePetrillo, DMD | | |
| Street Address 40 Water Way | | | Street Address 33 Branch Lane | | |
| City Barrington | State RI | Zip 02806 | City N. Scituate | State RI | Zip 02857 |
| Secretary Name Thomas G. DePetrillo, DMD | | | Treasurer Name Charles M. Riotto, DMD | | |
| Street Address 33 Branch Lane | | | Street Address 40 Water Way | | |
| City N. Scituate | State RI | Zip 02857 | City Barrington | State RI | Zip 02806 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Charles M. Riotto, DMD | | | Director Name Thomas G. DePetrillo, DMD | | |
| Street Address 40 Water Way | | | Street Address 33 Branch Lane | | |
| City Barrington | State RI | Zip 02806 | City N. Scituate | State RI | Zip 02857 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 |
| | | | 150 | common | no par value |
| | | | | | |

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

FILED

FEB 18 2016

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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.

Charles M. Riotto, DMD Pres 2/16/16
 Signature of Authorized Representative Date

Charles M. Riotto, DMD, President

Print or Type Name of Authorized Representative