



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. 153088		2. Exact name of the Corporation Dr. Scott B. Klimaj, D.M.D., Inc.			
3. Principal office address 7 Smith Avenue, Suite 102		City Greenville	State RI	Zip 02828	
4. Business Phone No. 401-949-3200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dentistry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dr. Scott B. Klimaj			Vice-President Name Dr. Scott B. Klimaj		
Street Address 250 Carpenter Road			Street Address 250 Carpenter Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Dr. Scott B. Klimaj			Treasurer Name Dr. Scott B. Klimaj		
Street Address 250 Carpenter Road			Street Address 250 Carpenter Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dr. Scott B. Klimaj			Director Name		
Street Address 250 Carpenter Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
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
			1,000	CWP	\$0.01

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 26 2016

BY KL 4454

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. Scott B. Klimaj 2/8/16
Signature of Authorized Representative Date

Dr. Scott B. Klimaj

Print or Type Name of Authorized Representative