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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.	2. Exact name of the Corporation
36960	North Providence Dental Associates, Inc.

3. Principal office address	City	State	Zip
1635 Mineral Spring Avenue	N. Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
401-353-0800	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Dental, orthodontal and oral surgical services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Peter MacGillivray	1635 Mineral Spring Avenue	N. Providence	RI	02904

Vice-President Name	Street Address	City	State	Zip
Peter MacGillivray	1635 Mineral Spring Avenue	N. Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Peter MacGillivray	1635 Mineral Spring Avenue	N. Providence	RI	02904

Treasurer Name	Street Address	City	State	Zip
Peter MacGillivray	1635 Mineral Spring Avenue	N. Providence	RI	02904

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Peter MacGillivray	1635 Mineral Spring Avenue	N. Providence	RI	02904

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 02 2016
BY 4309 DS

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.

RCM DDS 2/4/16
Signature of Authorized Representative Date

PETER A. MACGILLIVRAY D.D.S.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

133369-35-1114791