



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. 36960		2. Exact name of the Corporation North Providence Dental Associates, Inc.			
3. Principal office address 1635 Mineral Spring Avenue		City N. Providence	State RI	Zip 02904	
4. Business Phone No. 401-353-0800		5. State of Incorporation 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 Peter MacGillivray			Vice-President Name Peter MacGillivray		
Street Address 1635 Mineral Spring Avenue			Street Address 1635 Mineral Spring Avenue		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
Secretary Name Peter MacGillivray			Treasurer Name Peter MacGillivray		
Street Address 1635 Mineral Spring Avenue			Street Address 1635 Mineral Spring Avenue		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Peter MacGillivray			Director Name		
Street Address 1635 Mineral Spring Avenue			Street Address		
City N. Providence	State RI	Zip 02904	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) ☐		
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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Peter A. MacGillivray D.O.S. 2/4/16
Signature of Authorized Representative Date

PETER A. MAC GILLIVRAY D.O.S.
Print or Type Name of Authorized Representative