



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000061789

2. Name of Corporation Rhode Island Academy of Pediatric Dentistry

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1090 NEW LONDON AVENUE

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FILED

MAY 23 2016

EDUCATION

7. Names and Addresses of the Officers and Directors:

BY [Signature]

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	WILLIAM CHAN	2359 MENDON RD CUMBERLAND, RI 02864 USA

DIRECTOR

CRAIG E ELICE

1090 NEWLONDON AVENUE
CRANSTON, RI 02920 USA

DIRECTOR

STEVEN LASSER

1090 NEW LONDON AVENUE
CRANSTON, RI 02920 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CRAIG E. ELICE, DDS, MS 1090 NEW LONDON AVENUE CRANSTON, RI 02920

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Craig Elice, DDS, MS

Business Name: RI Academy of Pediatric Dentistry

No. and Street: 1090 NEW LONDON AVENUE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

Contact Phone: (401) 943-7535 ext:

Contact Email: ceelice@comcast.net

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 16 Day of May, 2016 at 7:12:28 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By Craig E. Elice, DDS, MS
Signature of Authorized Person

Craig E Elice, DDS, MS
5/16/16

Make Corrections

Accept

Form No. 631
Revised 09/07

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