RI SOS Filing Number: 201602568170 Date: 07/22/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUL 22 PM 1:27

1. Entity ID Number	2. Exact name of the Corporation		
000897404	FAYEZ G. BADLISSI, DMD, P.C.		
3. Principal Office Address	City	State	Zip
21 JOHN WESCOTT DRIVE	NORTH ATTLEBORO	MA	02760
4. Business Phone Number	5. State of Incorporation		
401-421-6464	MASSACHUSETTS		

6. Brief description of the character of business conducted in Rhode Island

PERIODONTAL PRACTICE

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name FAYEZ G. BADLISSI, DMD			Vice-President Name		
Street Address 21 JOHN WESCOTT DRIVE			Street Address		
City N. ATTLEBORO	State MA	Zip 02760	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name FAYEZ G. BADLISSI, DMD			Director Name		
Street Address 21 JOHN WESCOTT DRIVE			Street Address		
City N. ATTLEBORO	State MA	Zip 02760	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

11. 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.

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.

Name of Authorized Representative	Date
Fayez G. Badlissi, DMD, President	7-18-16

Signature of Authorized Representative

Fayez Badlissi

FILED

JUL 22 2016

By e 279720

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

140100-14142374

FORM 630 - Revised: 05/2016