



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 DEPT. OF STATE
 BUS SVCS DIV
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Limited Liability Company Annual Report for the year: 2014

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company	
000161697		Dental Associates of Cumberland, LLC	
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		Dental Practice	
5. Principal Office Address		City	State
2138 Mendon Road		Cumberland	RI
		Zip	02864
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name		Contact Title	
ALEJANDRO CALDERON		MANAGER	
Street Address		City	State
2138 Mendon Road		Cumberland	RI
		Zip	02864
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Dr. Angeles V. Felix		Alejandro Calderon	
Street Address		Street Address	
7 Hales Pone Lane		7 Hales Pond Lane	
City	State	City	State
Wrentham	MA	Wrentham	MA
Zip	02093	Zip	02093
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Check the box to indicate an attachment <input type="checkbox"/>			
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.			
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 Person			Date
Dr. Angeles V. Felix			9/20/16
Signature of Authorized Person			
<i>Angeles V Felix</i>			

FILED 12:17 pm

SEP 20 2016

By 284080

KM