	State of Rhode Island and Providence Plantations F Office of the Secretary of State	ee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability C	ompany	
Innual Report	and Nevershard	
iling Period: Septembe	er i - November i	
	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	o a penalty fee of \$25.00.	
ANNUAL REPORT YE	AR: <u>2016</u>	
1. ID No. <u>001018</u>	3673	
2. Exact Name of the	e Limited Liability Company Coastal Dental Realty Holdings, LLC	
3. State of Formation	n	
State: <u>RI</u>		
Using the following NA	ARTICLE III	
Using the following NA		
NAICS Code	ICS codes, please select the code that best describes your business. $\underline{6}$ $\underline{53}$	
NAICS Code	ICS codes, please select the code that best describes your business.	sland
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NAICS Code 4. Brief Description o OWNERSHIP AND 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: STAC No. and Street: 282	ICS codes, please select the code that best describes your business. 6 53 If the Character of the Business Which is Actually Conducted in Rhode Is MAMAGEMENT OF REAL ESTATE Idress 171 BROADWAY PROVIDENCE State: RI Zip: 02903 Country: US. f Limited Liability Company and Name or Title of Contact Person: CIE BRITO Contact Title: ADMINISTRAOR 2 CHURCH POND DRIVE	<u>4</u>
NAICS Code 4. Brief Description o OWNERSHIP AND 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: STAC No. and Street: 282	ICS codes, please select the code that best describes your business. 6 53 If the Character of the Business Which is Actually Conducted in Rhode Is MAMAGEMENT OF REAL ESTATE Idress 171 BROADWAY PROVIDENCE State: RI Zip: 02903 Country: US. f Limited Liability Company and Name or Title of Contact Person: CLE BRITO Contact Title: ADMINISTRAOR	<u>4</u>
NAICS Code 4. Brief Description o OWNERSHIP AND 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: STAC No. and Street: City or Town: 282 City or Town: TIV	ICS codes, please select the code that best describes your business. Image: State of the Business Which is Actually Conducted in Rhode Is MAMAGEMENT OF REAL ESTATE Idress 171 BROADWAY PROVIDENCE State: RI Zip: 02903 Country: US. f Limited Liability Company and Name or Title of Contact Person: ClE BRITO Contact Title: ADMINISTRAOR 2 CHURCH POND DRIVE /ERTON State: RI Zip: 02878 Country: s of Each Manager of the Limited Liability Company, if Applicable.	<u>4</u>
NAICS Code 4. Brief Description o OWNERSHIP AND 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: STAC No. and Street: City or Town: 282 City or Town: TIV 7. Name and Address	ICS codes, please select the code that best describes your business. Image: State of the Business Which is Actually Conducted in Rhode Is MAMAGEMENT OF REAL ESTATE Idress 171 BROADWAY PROVIDENCE State: RI Zip: 02903 Country: US. f Limited Liability Company and Name or Title of Contact Person: ClE BRITO Contact Title: ADMINISTRAOR 2 CHURCH POND DRIVE /ERTON State: RI Zip: 02878 Country: s of Each Manager of the Limited Liability Company, if Applicable.	<u>4</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES A. IACOI, ESQ. 171 BROADWAY PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of November, 2016 at 11:28:04 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 § 7-16.*

By STACIE BRITO

Signature of Authorized Person

Form No. 632 Revised 09/07

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