



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 000266161		2. Exact name of the limited liability company CITY DENTAL, LLC			
3. State of Formation DE		4. Brief description of the character of business conducted in Rhode Island DENTAL OFFICE			
5. Principal office address 314F POCASSET AVENUE		City PROVIDENCE	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CIELITO DEAYALA		Contact Title OFFICE MANAGER			
Street Address 314F POCASSET AVENUE		City PROVIDENCE	State RI	Zip 02909	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ITALO LOZADA		Manager Name			
Street Address 314F POCASSET AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS DIV
 2016 DEC 1 AM 10:19

FILED

NOV 30 2016

BY an 289761

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

10:20 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.

Signature of Authorized Person _____ Date **12/01/2016**

CIELITO R. DEAYALA

Print or Type Name of Authorized Person