



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.

STAMP

1. Entity ID Number 000109930		2. Exact name of the Corporation DENISE M GOODMAN DMD INC.			
3. Principal Office Address 690 SHERMAN FARM ROAD		City HARRISVILLE	State RI	Zip 02830	
4. Business Phone Number 401-766-1461		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF DENTISTRY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENISE M GOODMAN DMD			Vice-President Name		
Street Address 690 SHERMAN FARM ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			STK		
			0		
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 DENISE M GOODMAN DMD					Date 12-9-16
Signature of Authorized Representative <i>Denise M Goodman</i> SIGN DOCUMENT HERE					

FILED 11:15

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

DEC 12 2016

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