



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 137599		2. Exact name of the Corporation Spartan Dental, Inc.			
3. Principal Office Address 105 Sockanosset Crossroad		City Cranston	State RI	Zip 02920	
4. Business Phone Number: 401-383-7569		6. Brief description of the character of business conducted in Rhode Island Dental services			
Date of Incorporation: RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Elias G. Koutros			Vice-President Name Elias G. Koutros		
Street Address 40 Bluebird Lane			Street Address 40 Bluebird Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Nikki H. Koutros			Treasurer Name Elias G. Koutros		
Street Address 40 Bluebird Lane			Street Address 40 Bluebird Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Elias G. Koutros			Director Name		
Street Address 40 Bluebird Lane			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 Elias G. Koutros					Date 12/1/2016
Signature of Authorized Representative 					

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

FILED
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