



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 98567		2. Exact name of the Corporation ANDREW GAZERRO, III D.M.D. P.C., INC.			
3. Principal Office Address 1425 Main Street		City West Warwick		State RI	Zip 02893-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island the operation of a dental practice.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Andrew Gazerro, III			Vice-President Name Andrew Gazerro, III		
Street Address 1425 Main Street			Street Address 1425 Main Street		
City West Warwick	State RI	Zip 02893-	City West Warwick	State RI	Zip 02893-
Secretary Name Andrew Gazerro, III			Treasurer Name Andrew Gazerro, III		
Street Address 1425 Main Street			Street Address 1425 Main Street		
City West Warwick	State RI	Zip 02893-	City West Warwick	State RI	Zip 02893-
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Andrew Gazerro, III			Director Name none		
Street Address 1425 Main Street			Street Address none		
City West Warwick	State RI	Zip 02893-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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. <b>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.</b>					
Name of Authorized Representative Andrew Gazerro, III President				Date 1/02/2017	
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**  
JAN 17 2017  
BY 10530 DS