



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.

FILED
 JAN 20 2017 *oz*
 6712

1. Entity ID Number 128973	2. Exact name of the Corporation Mehran Javid DMD-RI Dental, Ltd.
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3. Principal Office Address 1351 SOUTH COUNTY TRAIL, SUITE 120	City EAST GREENWICH	State RI	Zip 02818
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4. NAICS Code 62 - Health Care and Social <input type="checkbox"/>	6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF DENTISTRY.
5. State of Incorporation RHODE ISLAND	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MEHRAN JAVID, D.M.D.			Vice-President Name		
Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name MEHRAN JAVID, D.M.D.			Treasurer Name MEHRAN JAVID, D.M.D.		
Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120			Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MEHRAN JAVID, D.M.D.			Director Name		
Street Address 1351 SOUTH COUNTY TRAIL			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. <small>Changes require an additional filing.</small>	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	\$0.00

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 MEHRAN JAVID, D.M.D.	Date 1/17/17
Signature of Authorized Representative 	

SIGN DOCUMENT HERE

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