



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

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

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

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

<b>9. Shares Authorized</b> This information is currently of record in the Department of State. Changes require an additional filing.	<b>10. Shares Issued</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	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.**

<b>Name of Authorized Representative</b> MEHRAN JAVID, D.M.D.	<b>Date</b> 1/17/17
<b>Signature of Authorized Representative</b> 	

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