



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS DIV.
 2017 JAN 24 AM 11:58

1. Entity ID Number 486857		2. Exact name of the Corporation WARWICK FAMILY DENTAL GROUP TWO, INC.			
3. Principal Office Address 819 GREENWICH AVENUE			City WARWICK	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island DENTAL OFFICE			
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 JOHN R. PAQUETTE, D.M.D.			Vice-President Name		
Street Address 819 GREENWICH AVENUE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name JOHN R. PAQUETTE, D.M.D.			Treasurer Name JOHN R. PAQUETTE, D.M.D.		
Street Address 819 GREENWICH AVENUE			Street Address 819 GREENWICH AVENUE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN R. PAQUETTE, D.M.D.			Director Name		
Street Address 819 GREENWICH AVENUE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			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
			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 JOHN R. PAQUETTE, D.M.D., PRESIDENT					Date 1/17 , 2017
Signature of Authorized Representative <i>John R. Paquette, D.M.D.</i>					FILED

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

JAN 24 2017

BY *aw* 293983 FORM 630 - Revised: 10/2016