



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 <b>1091728</b>		2. Exact name of the Corporation <b>Gremza Family Dentistry, Inc.</b>			
3. Principal Office Address <b>29 Sanderson Road</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>54 - Professional, Scientific,</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a dental practice and do all things incidental thereto.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David Gremza, DMD</b>			Vice-President Name <b>Same as President</b>		
Street Address <b>29 Sanderson Road</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>Same as President</b>			Treasurer Name <b>Same as President</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES <b>500</b>		CLASS/SERIES <b>No</b>
			PAR VALUE		
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. <i>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.</i>					
Name of Authorized Representative <b>David Gremza, DMD</b>				Date	
Signature of Authorized Representative <i>David Gremza</i>					

**FILED**

FEB 10 2017

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