



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 799995		2. Exact name of the Corporation USMAN FAZLI, D.M.D., P.C.			
3. Principal office address 1280 Park Avenue		City Cranston		State RI	Zip 02910
4. Business Phone No. 401-952-5162		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dentist					
President Name Usman Fazli, D.M.D.					
Vice-President Name					
Street Address 1280 Park Avenue					
City Cranston		State RI	Zip 02910	City Cranston	
Secretary Name Usman Fazli, D.M.D.		Treasurer Name Usman Fazli, D.M.D.			
Street Address 1280 Park Avenue		Street Address 1280 Park Avenue			
City Cranston		State RI	Zip 02910	City Cranston	
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip	City	
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip	City	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	

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.

Signature of Authorized Representative

Date

Usman Fazli, D.M.D., President

Print or Type Name of Authorized Representative