

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 FIL	E THIS REPORT BY M	ARCH 31 WILL RES	ULT IN A \$25.00 PENA	LTY FEE.		
1. Entity ID No. 799995		ne of the Corporation I FAZLI, D.M.D., F					
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 Dentist	character of business	conducted in Rhode Island	1				
	and the second s	na n	TATE OF THE STATE		nerinse stelskert i skrivet generale i skrivet far. Serninse stelskert i skrivet far. Elsk i skrivet far.		
President Name Usman Fazli, D.M.D.			Vice-President Name				
Street Address 1280 Park Avenue			Street Address				
City Cranston	State RI	Zip 02910	City	State	Zip		
Secretary Name Usman Fazli, D.M.			Treasurer Name Usman Fazli, D.M.D.				
treet Address 1280 Park Avenue		Street Address 1280 Park Avenue					
Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910		
Pirector Name	angga ang pagasan ana ang kanggan ang pagasan da ang kanggan da ang kanggan da ang kanggan da ang kanggan da a Manggan da pagasan da ang kanggan d	er en	Director Name				
Street Address			Street Address				
Pity	State	Zip	City	State	Zip		
Director Name			Director Name				
treet Address		Street Address					
Dity	State	Zip	City	State	Zip		
aggarerottegeneraangs, japanongopreseraanan Lilikulisis saaka				e anticolo de la composição de la participa de la participa de la composição de la composição de la composição			
'hia information is seem	mily of rocard in the	Office of the Secretary	NUMBER OF SHARES CLASS/SERIES PAR VALUE				
nis information is curre if State. Changes requir see Section 9 of instruct	e an additional filing	Office of the Secretary J.	100	Common	No Par Value		
This report must be exec		corporation by an authorize			of a receiver or trustee,		

this report must i	de executed on benan or tr	ie corporation by the receiver of trustee.		
	FILEDa	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements correct.		
	FEB 1 5 2017	Mola	1-25	
	1010	Signature of Authorized Representative	Date	
	_ 11763	Usman Fazli, D.M.D., President		
Form No. 626		Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012