



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

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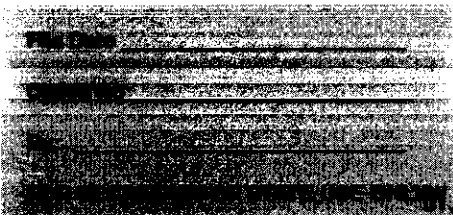
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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				Street Address			
City Cranston	State RI	Zip 02910		City	State	Zip	
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	State RI	Zip 02910	
Director Name				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	
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.



FILED
FEB 15 2017
11762

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