



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. 63410		2. Exact name of the Corporation Paul J. Matrullo, D.D.S., Ltd.			
3. Principal office address 1280 Park Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401 943 0644			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General dentistry and to own, rent, and lease real estate and property.					
President Name Paul J. Matrullo, D.D.S.			Vice-President Name Joseph P. Matrullo		
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Paul J. Matrullo, D.D.S.			Treasurer Name Paul J. Matrullo, D.D.S.		
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Paul J. Matrullo, D.D.S.			Director Name		
Street Address 1280 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	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
			1,000	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
 046711
 FOR THE SECRETARY OF STATE USE ONLY

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.

Paul J. Matrullo, DDS, 1-25-17
 Signature of Authorized Representative Date

Paul J. Matrullo, DDS, President

Print or Type Name of Authorized Representative