



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 18468		2. Exact name of the Corporation James L. Hurst, D.D.S., Ltd.			
3. Principal Office Address 137 West Main Road			City Middletown	State RI	Zip 02842
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Professional Services, Dentistry, Orthodonta			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James L. Hurst, D.D.S.			Vice-President Name		
Street Address 137 West Main Road			Street Address		
City Middletown	State RI	Zip 02840	City	State	Zip
Secretary Name James L. Hurst, D.D.S.			Treasurer Name James L. Hurst, D.D.S.		
Street Address 137 West Main Road			Street Address 137 West Main Road		
City Middletown	State RI	Zip 02840	City Middletown	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMON	\$1.00
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. 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.					
Name of Authorized Representative JAMES L. HURST DDS				Date 2/2/2017	
Signature of Authorized Representative <i>James L. Hurst</i>					

FILED *DL*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 15 2017

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