



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 17190		2. Exact name of the Corporation HODOSH DENTAL ASSOCIATES, INC.												
3. Principal Office Address 197 TAUNTON AVENUE		City EAST PROVIDENCE		State RI	Zip 02914									
4. NAICS Code 62 - Health Care and Social <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island PROVIDING DENTAL SERVICES AS DEFINED IN SEC. 7-5.1 OF THE RI GENERAL LAWS AS AMENDED												
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 STEVEN H. HODOSH			Vice-President Name ALEX J. HODOSH											
Street Address 243 ELMWOOD AVENUE			Street Address 243 ELMWOOD AVENUE											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
Secretary Name ALEX J. HODOSH			Treasurer Name STEVEN J. HODOSH											
Street Address 243 ELMWOOD AVENUE			Street Address 243 ELMWOOD AVENUE											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name STEVEN H. HODOSH			Director Name ALEX J. HODOSH											
Street Address 243 ELMWOOD AVENUE			Street Address 243 ELMWOOD AVENUE											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>100 SHARES</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100 SHARES	COMMON	NO PAR VALUE			
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100 SHARES	COMMON	NO PAR VALUE												
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. <i>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.</i>														
Name of Authorized Representative STEVEN H. HODOSH					Date 1/16/17									
Signature of Authorized Representative <i>[Signature]</i>														

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

FILED
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BY 3186 DS

FORM 630 - Revised: 10/2016