



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 108874		2. Exact name of the Corporation Benedict J. Ingegneri, Jr., D.M.D., P.C., Inc.			
3. Principal Office Address 3231 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 62 - Health Care and Social		6. Brief description of the character of business conducted in Rhode Island Rendering Professional Dental Health Care Services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Benedict J. Ingegneri, Jr., D.M.D.			Vice-President Name None.		
Street Address 3231 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Cindy R. Ingegneri			Treasurer Name Benedict J. Ingegneri, Jr., D.M.D.		
Street Address 3231 Mendon Road			Street Address 3231 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			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		
			10	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. 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 Benedict J. Ingegneri, Jr., D.M.D., President				Date 02/20/2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED FEB 23 2017 2808	

MAIL TO:
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