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	2. Exact name of the Corporation
108874	**Benedict J. Ingegneri, Jr., D.M.D., P.C., Inc.**

3. Principal Office Address	City	State	Zip
3231 Mendon Road	**Cumberland**	**RI**	**02864**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 - Health Care and Social A	**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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Date
Benedict J. Ingegneri, Jr., D.M.D., President	02/20/2017

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
FEB 23 2017
BY

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

FORM 630 - Revised: 02/2017