



State of Rhode Island and Providence Plantations

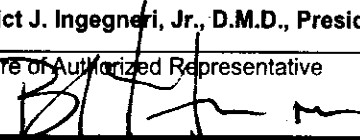
Department of State - Business Services Division

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 ☐					
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. 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:

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