STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
45428	Michael A. Barry, D.M.D., Incl			
3. Principal office address: 1524 Atwood Avenue, Ste 438		City: Johnston	State: RI	Zip: 02919
4. Business Phone No.: 401 273-4411		5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: General Dentistry				

President Name: Michael Barry, D.M.D.			Vice-President Name		
Street Address: 150 Beechwood Drive			Street Address		
City: Cranston	State: RI	Zip: 02921	City	State	Zip
Secretary Name: Mary Ann Barry			Treasurer Name: Mary Ann Barry		
Street Address: 150 Beechwood Drive			Street Address: 150 Beechwood Drive		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	None

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.

Signature of Authorized Representative — Date: 2/16/17

Michael A. Barry, D.M.D
Print or Type Name of Authorized Representative

FILED
FEB 27 2017
BY 11415 DS

Form No. 630
Revised: 01/2012