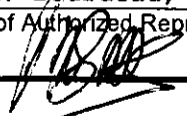


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>81212</b>		2. Exact name of the Corporation Peter A. Bourdeau, DDS, Ltd.			
3. Principal Office Address 469 Centerville Road		City Warwick	State RI	Zip 02886	
4. Business Phone Number 401-739-2345		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dentist Office					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Peter A. Bourdeau, DDS			Vice-President Name		
Street Address 125 Boylston Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Peter A. Bourdeau, DDS			Director Name		
Street Address 125 Boylston Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par	
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 Peter A. Bourdeau, DDS				Date 2/21/17	
Signature of Authorized Representative 					

**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**

MAR 03 2017

BY

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