



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 80907		2. Exact name of the Corporation David J. Ward, D.M.D., P.C.												
3. Principal Office Address 535 Reservoir Road			City Pascoag	State RI	Zip 02859									
4. NAICS Code 62 - Health Care and Social As		6. Brief description of the character of business conducted in Rhode Island General practice of Dentistry												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name David J. Ward, D.M.D.			Vice-President Name David J. Ward, D.M.D.											
Street Address 535 Reservoir Road			Street Address 535 Reservoir Road											
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859									
Secretary Name David J. Ward, D.M.D.			Treasurer Name David J. Ward, D.M.D.											
Street Address 535 Reservoir Road			Street Address 535 Reservoir Road											
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David J. Ward, D.M.D.			Director Name											
Street Address 535 Reservoir Road			Street Address											
City Bristol	State RI	Zip 02859	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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 David J. Ward, D.M.D.					Date 02/15/2017									
Signature of Authorized Representative SIGN DOCUMENT HERE														

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

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