



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

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