



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. 152483		2. Exact name of the Corporation CRANSTON COSMETIC DENTISTRY INC.			
3. Principal office address 30 Chapel View Boulevard			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-944-7556			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Dental office					
President Name Les R. Prasad			Vice-President Name		
Street Address 8 Maplewood Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Les R. Prasad			Treasurer Name Les R. Prasad		
Street Address 8 Maplewood Drive			Street Address 8 Maplewood Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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
			100	common	\$0.01

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.

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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.

Les Prasad 2/20/17
 Signature of Authorized Representative Date

Les R. Prasad

Print or Type Name of Authorized Representative