State of	of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	+0	
Professional Corporation			
Annual Report			
Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2-			
annual report within thirty (30) day (c&d)) is subject to a penalty fee		aw (R.I.G.L. 7-1.2-1501	
	1		
ANNUAL REPORT YEAR: 2017			
1. Corporate ID No. 00014	9924		
2. Name of Corporation Elisa	S. Liberto, DMD, Inc.		
3. Street Address Principal Bu	siness Office:		
No. and Street: <u>67 JEFFER</u>	SON BOULEVARD		
City or Town: WARWICK		State: <u>RI</u> Zip: <u>02888</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>401-781-8696</u>			
5. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS codes	s, please select the code that b	est describes your busin	ess.
NAICS Code		6	621210
6. Brief Description of the Cha	racter of Business Conducte	a in Knode Island	
DENTISTRY			
7. Names and Addresses of the	e Officers and Directors:		
	unt he linted if officers as if	u divortere herre herre	alastad the title
All officers and directors m Incorporator is no longer a	ust be listed. If officers and/opplicable; please delete.	or directors have been	eiectea, the title
Title	Individual Name	Addre	220
	First, Middle, Last, Suffix	Address, City or Town, Sta	
PRESIDENT	ELISA S LIBERTO DMD		N BOULEVARD
		WARWICK, RI (

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	600.00	150
individuals signing this inst signatory, under penalties o			0 0	the
act and deed of the corpora electronic filing, in complia	tion, and that the fac	rts stated herein are th		
act and deed of the corpora	tion, and that the fac nce with R.I. Gen. La	ets stated herein are th ws § 7-1.2.		