

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 <u>1410</u>		2. Exact name of the Corporation Prosthodontics, Ltd.	
3. Principal Office Address 200 Waterman Street		City East Providence	State RI
		Zip 02906	
4. Business Phone Number 401-421-2022		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Doctor's Office			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lawrence J. Dario, DMD		Vice-President Name	
Street Address 200 Waterman Street		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lawrence J. Dario, DMD		Director Name	
Street Address 200 Waterman Street		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	PAR VALUE
			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. 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 Lawrence J. Dario, DMD		Date 3/8/17	
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

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