



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 40239		2. Exact name of the Corporation Gaetan Charbonneau, D.M.D., Ltd.			
3. Principal Office Address 24 Salt Pond Road, Suite A-2			City Wakefield	State RI	Zip 02879
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island General 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 Gaetan D. Charbonneau			Vice-President Name None.		
Street Address 24 Salt Pond Road, Suite C-2			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name None.			Treasurer Name None.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			Director Name None.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None.			Director Name None.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	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 Gaetan D. Charbonneau					Date 8.14.17
Signature of Authorized Representative <i>Gaetan D. Charbonneau</i>					FILED AUG 21 2017

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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