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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2017 Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 506680	Exact name of the Limited Liability Company Children's Dentistry of Westerly, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
	The practice of dentistry specializing in pediatric dentistry					
5. State of Formation RI	621210					
6. Principal Office Address			City	State	Zıp	
130 Granite Street			Westerly	RI	02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Brian P. Shannon			Contact Title	Contact Title		
Street Address 130 Granite Street			City Westerly	State RI	^{Zip} 02891	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island, This information is currently of record with the Department of State, Changes require filing Form 642.						
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 Person Brian P. Shannon Date 5/16/17						
Signature of Authorized Person 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 FILED

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