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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

- → 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	2. Exact name of the Limited Liability Company				
788212	CAPALBO DENTAL GROUP OF WAKEFIELD, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
621210	DENTIST OFFICE				
5. State of Formation	DEN	17751 C	DEFICE		
R.I.					
6. Principal Office Address			City	State	Zip
9 CHERRY LANE			WAKEFIELD	RI	02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL CAPALBO			Contact Title OWNER		
Street Address 9 CHERRY LANE			CITY WAKEFIED	\mathcal{I}^{State}	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name BCIO CNOCIDO			Manager Name		
Stree 130 gran Ite St			Street Address		
city poteriu	STATE I	852851	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 NIICHAEL CAPALBO Date 10/6/17					
Signature of Authorized Person Sex DOCUMENT LIERE					

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

OCT 11 2017

FORM 632 - Revised: 08/2017