



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 836977		2. Exact name of the Limited Liability Company SCITUATE FAMILY DENTAL LLC			
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island DENTIST OFFICE			
5. State of Formation R.I.					
6. Principal Office Address 81 DANIELSON PIKE		City NORTH SCITUATE	State RI.	Zip 02857	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL CAPALBO			Contact Title OWNER		
Street Address 81 DANIELSON PIKE		City NORTH SCITUATE	State RI	Zip 02857	
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	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 MICHAEL CAPALBO				Date 10/10/17	
Signature of Authorized Person 					

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
 2033
 BY 