



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

Annual Report for the year: 2018
 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 000014212		2. Exact name of the Corporation Lawrence P. Stephenson, D.D.S., Ltd.			
3. Principal Office Address 1826 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To render professional services in the practice of 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 Lawrence P. Stephenson			Vice-President Name Lawrence P. Stephenson		
Street Address 1826 Mineral Spring Avenue			Street Address 1826 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Lawrence P. Stephenson			Treasurer Name Lawrence P. Stephenson		
Street Address 1826 Mineral Spring Avenue			Street Address 1826 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lawrence P. Stephenson			Director Name		
Street Address 1826 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
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/SES	PAR VALUE
		100		common	No Par Value
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 P. Stephenson					Date 18 Dec 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

DEC 21 2017

502