



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 137599 | | 2. Exact name of the Corporation Spartan Dental, Inc. | | | |
| 3. Principal Office Address 105 Sockanosset Crossroad | | | City Cranston | State RI | Zip 02920 |
| 4. NAICS Code 621210 | | 6. Brief description of the character of business conducted in Rhode Island Dental Services | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Elias G. Koutros | | | Vice-President Name Elias G. Koutros | | |
| Street Address 40 Bluebird Lane | | | Street Address 40 Bluebird Lane | | |
| City Cranston | State RI | Zip 02921 | City Cranston | State RI | Zip 02921 |
| Secretary Name Nikki H. Koutros | | | Treasurer Name Elias G. Koutros | | |
| Street Address 40 Bluebird Lane | | | Street Address 40 Bluebird Lane | | |
| City Cranston | State RI | Zip 02921 | City Cranston | State RI | Zip 02921 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Elias G. Koutros | | | Director Name | | |
| Street Address 40 Bluebird Lane | | | Street Address | | |
| City Cranston | State RI | Zip 02921 | 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/SERIES | | |
| | | | 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 Elias G. Koutros | | | | | Date 12/19/2017 |
| 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

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FORM 630 - Revised: 10/2017