



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 89271		2. Exact name of the Corporation Martin S. Hanoian, D.M.D., Ltd.			
3. Principal Office Address 595 Hope Street		City Providence		State RI	Zip 02906
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PROFESSIONAL DENTAL SERVICES AND TO PRACTICE 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 MARTIN S. HANOIAN		Vice-President Name NONE.			
Street Address 595 Hope Street		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name MARTIN S. HANOIAN		Treasurer Name MARTIN S. HANOIAN			
Street Address 595 Hope Street		Street Address 595 Hope Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE.		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		100		Common	No Par Value
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 MARTIN S. HANOIAN					Date January 18, 2018
Signature of Authorized Representative 					

SIGN DOCUMENT

FILEDMAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 22 2018

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FORM 630 - Revised: 10/2017