



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.

STAMP

STATE OF RHODE ISLAND
DEPT. OF STATE

1. Entity ID Number 63410		2. Exact name of the Corporation Paul J. Matrullo, D.D.S., Ltd.			
3. Principal Office Address 1280 Park Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 62 561110		6. Brief description of the character of business conducted in Rhode Island General dentistry and to own, rent and lease real estate and property.			
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 Paul J. Matrullo, D.D.S.			Vice-President Name Joseph P. Matrullo		
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Paul J. Matrullo, D.D.S.			Treasurer Name Paul J. Matrullo, D.D.S.		
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul J. Matrullo, D.D.S.			Director Name		
Street Address 1280 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	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	
1,000		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 Paul J. Matrullo, DDS					Date 2-18-18
Signature of Authorized Representative <i>Paul J. Matrullo, DDS</i>					FILED FEB 09 2018