



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.

**FILED**

FEB 09 2018

BY 14506

1. Entity ID Number <b>35047</b>		2. Exact name of the Corporation <b>ASSOCIATES IN ORAL AND MAXILLOFACIAL SURGERY, LTD.</b>			
3. Principal Office Address <b>30 Chapel View Boulevard, Suite 240</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>621210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Oral and Maxillofacial surgery</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephen T. Skoly, Jr.</b>			Vice-President Name		
Street Address <b>30 Chapel View Boulevard, Suite 240</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Stephen T. Skoly, Jr.</b>			Treasurer Name <b>Stephen T. Skoly, Jr.</b>		
Street Address <b>30 Chapel View Boulevard, Suite 240</b>			Street Address <b>30 Chapel View Boulevard, Suite 240</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>300</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Stephen T. Skoly, Jr.</b>				Date <b>1-18-18</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 6-831 0102	