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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED :

Annual Report for the year: Corporation

2018

KM FEB 0 9 2018

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

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Entity ID Number	2. Exact na	Exact name of the Corporation					
35047		ASSOCIATES IN ORAL AND MAXILLOFACIAL SURGERY, LTD.					
Principal Office Address	.		City	-	State	Zip	
30 Chapel View Boulevard, Suite 240			Cranston	1	RI	02920	
I. NAICS Code	6. Brief desc	cription of the chara	cter of business	s conducted in Rhod	e Island		
621710		Oral and Maxillofacial surgery					
. State of Incorporation							
Rhode Island	ĺ						
. List ALL officers (names a	and addresses)		<u> </u>	Che	ck the box to	indicate an attachment	
President Name Stephen T. Skoly, Jr.			Vice-President Name				
Street Address 30 Chapel Vic	Street Address						
Cranston	State RI	Zip 02920	City		State		
Secretary Name Stephen T. S	Skoly, Jr.		Treasurer Name Stephen T. Skoly, Jr.				
Street Address 30 Chapel View Boulevard, Suite 240			Street Address 30 Chapel View Boulevard, Suite 240				
Cranston	State RI	Zip 02920	City Cranston		State RI ZIP 02920		
List ALL directors (names	and addresses)					indicate an attachment	
irector Name			Director Nar	ne	SK THO BOX TO	molecute an attachment	
treet Address			Steel Addition		<u> </u>		
			Street Addre	285			
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irector Name			Director Nan	ne			
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ity	State	Zip	City		State	Zip	
Shares Authorized		10. Shares Iss	word				
is information is currently o	information is currently of record in the		NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		300		Common		No Par Value	
				 			
. This report must be execusted, this report must be a	uted on hehalf of the	compretion by an	authorized reco	acontativo If the ac-			
estee, this report must be e	xecuted on behalf of	the corporation by	the receiver or	trustee			
raer penaity of perjury, i	declare and affirm t	hat I have examin	ed this report.	including any acco	mpanying s	chedules and	
atements, and that all sta ame of Authorized Represe	tements contained	nerein are true an	d correct.				
tephen T. Skoly, Jr.	//				Date	18-18	
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Minnes !		SIGN DO	симеы СнВкі	K3 6-834 BIC	?		
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Division of Business Services

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

SECRETARY OF STATE

FORM 630 - Revised: 10/2017