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	2. Exact name of the Corporation
89162	WEST SHORE DENTAL ASSOCIATES, INC.

3. Principal Office Address	City	State	Zip
3274 West Shore Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	to engage in the practice of dentistry
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert A. Conte			Vice-President Name: Christian E. Johnson, Jr.		
Street Address: 10 Cedar Hollow Road			Street Address: 32 Britts Ridge		
City: Wakefield	State: RI	Zip: 02879	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Christian E. Johnson, Jr.			Treasurer Name: Robert A. Conte		
Street Address: 32 Britts Ridge			Street Address: 10 Cedar Hollow Road		
City: Cumberland	State: RI	Zip: 02864	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert A. Conte			Director Name: Christian E. Johnson, Jr.		
Street Address: 10 Cedar Hollow Road			Street Address: 32 Britts Ridge		
City: Wakefield	State: RI	Zip: 02879	City: Cumberland	State: RI	Zip: 02864
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 ☐		
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	none

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	Date
Robert A. Conte, President	2/6/18

Signature of Authorized Representative: Robert A. Conte

FILED
FEB 14 2018
BY

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

FORM 630 Revised 10/2017