



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 15 2018
 BY 11703

| | | | | | |
|--|--------------------|---|---------------------------------------|------------------------|---------------------|
| 1. Entity ID Number 142899 | | 2. Exact name of the Corporation We Care for Kids Dental, Inc. | | | |
| 3. Principal Office Address 2224 Pawtucket Avenue Unit 2 | | | City East Providence | State RI | Zip 02914 |
| 4. NAICS Code 621210 | | 6. Brief description of the character of business conducted in Rhode Island Providing dental services | | | |
| 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 Leslie Olton | | | Vice-President Name | | |
| Street Address 3 Oak Hill Avenue | | | Street Address | | |
| City Pawtucket | State RI | Zip 02860 | City | State | Zip |
| Secretary Name | | | Treasurer Name Leslie Olton | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name N/A | | | Director Name N/A | | |
| 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 | | 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 |
| | | 5000 | | Common | No Par |
| | | | | | |
| 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 Leslie Olton | | | | Date 2.8.18. | |
| Signature of Authorized Representative <i>Leslie Olton</i> | | | | SIGN DOCUMENT HERE | |

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