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

1. Entity ID Number	2. Exact name of the Corporation
96490	Access Dental Care, P.C., Inc.

3. Principal Office Address	City	State	Zip
1234 Mineral Spring Avenue	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	To provide dental care
5. State of Incorporation: Rhode Island	

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

President Name: John Manousos	Vice-President Name: Taraneh Tabatabaie
Street Address: 1234 Mineral Spring Avenue	Street Address: 1234 Mineral Spring Avenue
City: North Providence, State: RI, Zip: 02904	City: North Providence, State: RI, Zip: 02904
Secretary Name: Taraneh Tabatabaie	Treasurer Name: Taraneh Tabatabaie
Street Address: 1234 Mineral Spring Avenue	Street Address: 1234 Mineral Spring Avenue
City: North Providence, State: RI, Zip: 02904	City: North Providence, State: RI, Zip: 02904

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

Director Name: John Manousos	Director Name: Taraneh Tabatabaie
Street Address: 1234 Mineral Spring Avenue	Street Address: 1234 Mineral Spring Avenue
City: North Providence, State: RI, Zip: 02904	City: North Providence, State: RI, Zip: 02904
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$.01

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: Taraneh Tabatabaie — Date: 2/20/18

Signature of Authorized Representative: Taraneh Tabatabaie — SIGN DOCUMENT HERE

FILED

FEB 23 2018

BY 5310 DS

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