



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 26 2018

BY

5938

1. Entity ID Number 114908		2. Exact name of the Corporation ANTHONY J. TILELLI, D.D.S., INC.			
3. Principal Office Address 336 COWESETT AVENUE		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF DENTISTRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ANTHONY J. TILELLI, DDS			Vice-President Name ANTHONY J. TILELLI, DDS		
Street Address 73 SAXONY DRIVE			Street Address 73 SAXONY DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ANTHONY J. TILELLI, DDS			Treasurer Name ANTHONY J. TILELLI, DDS		
Street Address 73 SAXONY DRIVE			Street Address 73 SAXONY DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ANTHONY J. TILELLI, DDS			Director Name		
Street Address 73 SAXONY DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	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.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIALS
			1000		COMMON
					PAR VALUE
					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 ANTHONY J. TILELLI, DDS					Date 2/22/18
Signature of Authorized Representative 					
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.ri.gov

FORM 630 - Revised: 10/2017