

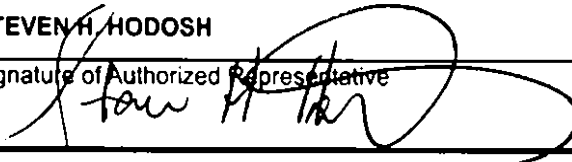


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 000017190		2. Exact name of the Corporation HODOSH DENTAL ASSOCIATES, INC.			
3. Principal Office Address 197 TAUNTON AVENUE			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 AS DEFINED IN SEC. 7-5.1 OF THE RI GENERAL LAWS AS AMENDED				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name STEVEN H. HODOSH			Vice-President Name ALEX J. HODOSH		
Street Address 243 ELMWOOD AVENUE			Street Address 243 ELMWOOD AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name ALEX J. HODOSH			Treasurer Name STEVEN J. HODOSH		
Street Address 243 ELMWOOD AVENUE			Street Address 243 ELMWOOD AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name STEVEN H. HODOSH			Director Name ALEX J. HODOSH		
Street Address 243 ELMWOOD AVENUE			Street Address 243 ELMWOOD AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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 SHARES	COMMON	NO PAR VALUE
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 STEVEN H. HODOSH				Date 1/18/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

MAR 01 2018
BY **3219 OS**

FORM 630 - Revised: 10/2017