State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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
000017190	HODOSH DENTAL ASSOCIATES, INC.

3. Principal Office Address	City	State	Zip
197 TAUNTON AVENUE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 1210	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

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 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	Date
STEVEN H. HODOSH	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

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FORM 630 - Revised: 10/2017