



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

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

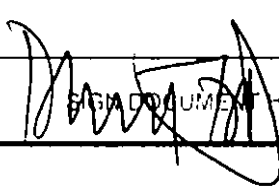
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 02 2018

BY

6504

1. Entity ID Number 96658		2. Exact name of the Corporation DEEPAK SALUJA, D.M.D., INC.												
3. Principal Office Address 66 Kennedy Plaza			City Providence	State RI	Zip 02903									
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentist Office												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Deepak Saluja			Vice-President Name None											
Street Address 115 Transit Street			Street Address											
City Providence	State RI	Zip 02906	City	State	Zip									
Secretary Name Deepak Saluja			Treasurer Name Deepak Saluja											
Street Address 115 Transit Street			Street Address 115 Transit Street											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Deepak Saluja			Director Name											
Street Address 115 Transit Street			Street Address											
City Providence	State RI	Zip 02906	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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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 Deepak Saluja, President				Date 1-26-18										
Signature of Authorized Representative 				Date 1-26-18										

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