RI SOS Filing Number: 201859706370 Date: 3/2/2018 4:00:00 PM

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	2. Exact name of the Corporation		
96658	**DEEPAK SALUJA, D.M.D., INC.**		
3. Principal Office Address	City	State	Zip
66 Kennedy Plaza	**Providence**	**RI**	**02903**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621210	**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 ☐

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	Date
Deepak Saluja, President	1-26-18
Signature of Authorized Representative: SIGN DOCUMENT HERE president	

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: 02/2017