



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

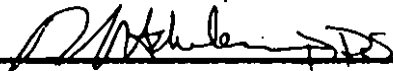
Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1558		2. Exact name of the Corporation Attleboro-Cumberland Oral Surgeons, Inc.			
3. Principal Office Address 103 Commonwealth Avenue			City Attleboro Falls	State MA	Zip 02763
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Practice of dentistry and oral surgeons.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mark D. Schenkman			Vice-President Name None		
Street Address 170 Paine Road			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Mark D. Schenkman			Treasurer Name Mark D. Schenkman		
Street Address 170 Paine Road			Street Address 170 Paine Road		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Mark D. Schenkman			Director Name		
Street Address 170 Paine Road			Street Address		
City North Attleboro	State MA	Zip 02760	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		
			2000		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 Mark D. Schenkman, President				Date 3/7/18	
Signature of Authorized Representative 				FILED MAR 16 2018 BY 2901095034 DS	
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov