

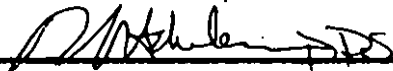


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

ST-101

- 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 Check the box to indicate an attachment ☐					
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	
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 SIGN DOCUMENT HERE

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 16 2018
BY 2901095034
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