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	2. Exact name of the Corporation
1558	Attleboro-Cumberland Oral Surgeons, Inc.

3. Principal Office Address	City	State	Zip
103 Commonwealth Avenue	Attleboro Falls	MA	02763

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	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	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: MDS

SIGN DOCUMENT HERE

FILED
MAR 16 2018
BY 290109503 4
DS

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