RI SOS Filing Number: 201860383270 Date: 3/16/2018 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.

RECEIVED
2018 MAR 16 A 11:18
SECRETARY OF STATE
CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation		
1339389	Theodore Goldberg, DMD & Associates, P.C.		
3. Principal Office Address	City	State	Zip
250 Wampanoag Trail #103	Riverside	RI	02915
4 NAICS Code: 621210	6. Brief description of the character of business conducted in Rhode Island: Dental Practice		
5. State of Incorporation: Rhode Island			

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Theodore Goldberg, DMD			Vice-President Name:		
Street Address: 250 Wampanoag Trail #103			Street Address:		
City: Riverside	State: RI	Zip: 02915	City:	State:	Zip:
Secretary Name: Theodore Goldberg, DMD			Treasurer Name: Theodore Goldberg, DMD		
Street Address: 250 Wampanoag Trail #103			Street Address: 250 Wampanoag Trail #103		
City: Riverside	State: RI	Zip: 02915	City: Riverside	State: RI	Zip: 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$.01

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
Theodore Goldberg, DMD	

Signature of Authorized Representative

FILED

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 326707

FORM 630 - Revised: 10/2017