RI SOS Filing Number: 201861123910 Date: 3/28/2018 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.

1. Entity ID Number	2. Exact name of the Corporation
152483	**CRANSTON COSMETIC DENTISTRY, INC.**

3. Principal Office Address	City	State	Zip
30 Chapel View Boulevard	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 1210	**Dental office.**
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Les R. Prasad	
Street Address: **8 Maplewood Drive**	Street Address:
City: **Lincoln** State: **RI** Zip: **02865**	City: State: Zip:
Secretary Name: **Les R. Prasad**	Treasurer Name: **Les R. Prasad**
Street Address: **8 Maplewood Drive**	Street Address: **8 Maplewood Drive**
City: **Lincoln** State: **RI** Zip: **02865**	City: **Lincoln** State: **RI** Zip: **02865**

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**$0.01**

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
Les R. Prasad	3/10/18

Signature of Authorized Representative: Les Prasad — SIGN DOCUMENT HERE

FILED
MAR 28 2018
BY 14652

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: 10/2017