



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.

STAMP

1. Entry ID Number 4908		2. Exact name of the Corporation John R. Costello, D.M.D., LTD			
3. Principal Office Address 400 Bellevue Avenue Broadway			City Newport	State RI	Zip 02840
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Practice of dentistry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John R. Costello			Vice-President Name		
Street Address 130 Ruggles Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name John R. Costello			Treasurer Name John R. Costello		
Street Address 130 Ruggles Ave			Street Address 130 Ruggles Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 John R. Costello					Date 3/27/18
Signature of Authorized Representative <i>John R. Costello</i>					

SIGN DOCUMENT HERE

FILED

APR 02 2018

BY

12531

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: 10/2016