



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

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2018 APR 20 PM 2:31

1. Entity ID Number 489050		2. Exact name of the Corporation Neal W. Rogol DMD, Inc.			
3. Principal Office Address 60 Canonchet Way		City Narragansett		State RI	Zip 02882
4. NAICS Code 561110		6. Brief description of the character of business conducted in Rhode Island Operation of a Dental Office			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neal Rogol		Vice-President Name			
Street Address 60 Canonchet Way		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Neal ROgol		Treasurer Name Neal Rogol			
Street Address 60 Canonchet Way		Street Address 60 Canoncet Way			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Neal Rogol		Director Name			
Street Address 60 Canonchet Way		Street Address			
City Narragansett	State RI	Zip 02882	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
		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 <i>Neal W Rogol</i>					Date <i>4/11/18</i>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SIGN DOCUMENT HERE
 APR 20 2018
 BY 329157
 A.A.