(III)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2018
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company							
506680	Children's Dentistry of Westerly, LLC							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
621210°	The practice of dentistry specializing in pediatric dentistry							
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zip			
130 Granite Street	0 Granite Street			RI	02891			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Brian P. Shannon			Contact Title					
Street Address 130 Granite Street		City Westerly	State RI	^{Zip} 02891				
8. List ALL managers (names ar	nd addresses) (of the Limited Liabi	lity Company. IF APPLIC	CABLE - DO NOT LIST ME	MBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zıp			
Manager Name			Manager Name					
Street Address	dress Street Address							
City	State	Zıp	City	State	Zip			
			•	Check the box to ind	icate an attachment			
9. Resident Agent in Rhode Islan	id. This informati	on is currently of reci	ord with the Department of	State. Changes require filing f	Form 642.			
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.								
Brian P. Shannon	<u> </u>			Date 5/ 13/	12			
Signature of Authorized Person SIGLUC를 가는 10 HTR.								
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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 SEP 21 2018 BY 4353 DS