RI SOS Filing Number: 201878422770 Date: 9/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	3772
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 	

1. Entity ID Number	2 Evact name	of the Limited Lia	shility Company				
	1	\sim	· i · 🛆		. 0		
000882997	Westerly Dental Specialists 2LC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
621210	Dental Office						
5. State of Formation							
RI							
Principal Office Address			City	State	Zip		
130 Granite St.			Westerly	KT.	02891		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Michael Capalloo			Contact Title / Manager				
Street Address 130 Granite St.			City Westerly	State	Zip 02891		
	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Byjan Capalbo			Manager Name				
Street Address Share Road			Street Address				
cin Wester 1	State RI	02891	City	State	Zip		
Manager Name /			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing 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.							
Name of Authorized Person	Name of Authorized Person			Date	· · · · · · · · · · · · · · · · · · ·		
Michael B. Capalbo				9/24/	118		
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.n.gov

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