St	ate of Rhode Island and Pro Office of the Secret		<b>IS</b> Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com a thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2018			
1. ID No. <u>000795546</u>			
2. Exact Name of the Limited Liability Company BRAD R. KAPLAN, DMD, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	ode that best describes the primary information on <u>NAICS</u> can be found	-	he entity. Download
4. Brief Description of the	Character of the Business Whic	n is Actually Conducted	d in Rhode Island
DENTAL PRACTICE AND ALL LAWFUL BUSINESS.			
5. Principal Office Addres	S		
	GOVERNOR STREET/IDENCEState	ate: <u>RI</u> Zip: <u>02906</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	OVERNOR STREET	ate: <u>RI</u> Zip: <u>02906</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Addres Address, City or Town, St	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EVERETT PETRONIO, JR. ESQ. 931 JEFFERSON BOULEVARD, SUITE 2004 WARWICK, RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of October, 2018 at 6:45:04 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>/S/ EVERETT A. PETRONIO, JR., ESQ.</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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