



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.

1. Entity ID Number 531015	2. Exact name of the Limited Liability Company Dental Associates of Rhode Island, LLC		
3. NAICS Code 621210	4. Brief description of the character of business conducted in Rhode Island Dental Services		
5. State of Formation RI			
6. Principal Office Address 1414 Atwood Avenue, Suite 350	City Johnston	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Rupesh Udeshi		Contact Title Member	
Street Address 1414 Atwood Avenue, Suite 350	City Johnston	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
Check the box to indicate an attachment <input type="checkbox"/>			
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 Rupesh Udeshi, Member			Date 10/18/2018
Signature of Authorized Person 		SIGN DOCUMENT HERE	

FILED

OCT 22 2018

BY 321a

MAIL TO:
Division of Business Services
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 Website: www.sos.ri.gov