



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

STAMP

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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 321163 | | 2. Exact name of the Limited Liability Company ABELI, LLC | | | |
| 3. NAICS Code 621210 | | 4. Brief description of the character of business conducted in Rhode Island Operation of Dentistry Practice | | | |
| 5. State of Formation April 3, 2008 | | | | | |
| 6. Principal Office Address 50 Lambert Lind Highway | | | City Warwick | State RI | Zip 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Peri Mutewera, D.M.D. | | | Contact Title Member | | |
| Street Address 50 Lambert Lind Highway | | | City Warwick | State RI | Zip 02886 |
| 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 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 Peri Mutewera, D.M.D. | | | | Date 10/5/2018 | |
| 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.ri.gov

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