RI SOS Filing Number: 201882844980 Date: 12/18/2018 4:00:00 PM

(FF)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019

Corporation,

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00

3. Principal Office Address 105 Sockanoset Crossroad 4. NAICS Code 621210 5. State of Incorporation RI 7. List ALL Officers (names and addresses) Check the box to indicate an attachment President Name Elias G. Koutros  Street Address 40 Bluebird Lane City Cranston Street Address Street Address 40 Bluebird Lane City Cranston Street Address City Cranston Street Address 40 Bluebird Lane City Cranston Street Address City Crans	Entity ID Number		2. Exact name of the Corporation  Spartan Dental, Inc.					
4. NAICS Code 4. NAICS Code 5. State of Incorporation RI  7. List ALL officers (names and addresses) Check the box to indicate an attachment of President Name Elias G. Koutros  Street Address 40 Bluebird Lane City Cranston Street Address Street Address 40 Bluebird Lane City Cranston Street Address Street Address City Cranston Street Address City Cranston Street Address Street Address City Cranston City Cranston Street Address City Cranston City Cranston Street Address City Cranston City Crans	137599	Spartan						
4. NAICS Code 621210 Cental Services    Check the box to indicate an attachmen	·			· ·			-	
Dental Services  5. State of Incorporation RI  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment of the corporation is currently of record in the Department of State  City Cranston  State RI  Zip 02921  City Cranston  Director Name  City Cranston  State RI  Zip 02921  City Cranston  Check the box to indicate an attachment of State  City Cranston  State RI  Zip 02921  City Cranston  City Cranston  City Cranston  City Cranston  City Cranston  State RI  Zip 02921  City State  Zip City City State  Zip City City State	105 Sockanosset Crossroad			Cranston		RI	02920	
5. State of Incorporation RI 7. List ALL officers (names and addresses) President Name Elias G. Koutros  Street Address 40 Bluebird Lane  City Cranston State RI Zip 02921 City Cranston Elias G. Koutros  Street Address 40 Bluebird Lane  City Cranston Elias G. Koutros  Street Address Check the box to indicate an attachment of the corporation by an authorized Check the box to indicate an attachment of State.  City State Street Address City State  Zip 02921 City Cranston Director Name  Street Address  City State Zip  Street Address City Cranston Ci	4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
RI 7. List ALL officers (names and addresses) 7. List ALL officers (names and addresses) 7. List ALL officers (names and addresses) 7. Check the box to indicate an attachment President Name 8. Elias G. Koutros 8. Street Address 8. Bluebird Lane 8. City Cranston 8. State RI 8. City Cranston 8. Street Address 8. Bluebird Lane 8. Street Address 8. Bluebird Lane 8. Street Address 8. List ALL directors (names and addresses) 8. List ALL directors (names and addresses) 8. Street Address 8. List ALL directors (names and addresses) 9. Check the box to indicate an attachment of State RI 8. List ALL directors (names and addresses) 9. Street Address 8. Street Address 9. Check the box to indicate an attachment of State RI 9. State RI 10. Shares Issued 10. City State RI 10. Shares Rissued 10. Common 10. No Par 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver trustee. 11. This report must be executed on behalf of the corporation by the receiver or trustee. 11. 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. 12. Name of Authorized Representative 13. FILE FD 14. State RI 15. The RI Director Name 15. The RI Director Name RI	621210	Dental Serv	Dental Services					
This ALL officers (names and addresses)  Check the box to indicate an attachmen President Name Elias G. Koutros  Sireel Address 40 Bluebird Lane  City Cranston  State RI  Zip 02921  City State  Zip  Director Name  Director Name  Street Address  City Cranston  State RI  Zip 02921  City State  Zip  State Zip  Sta	5. State of Incorporation							
Vice-President Name   Elias G. Koutros	RI							
Street Address 40 Bluebird Lane  City Cranston  State RI  Zip 02921  City Cranston  Street Address  A0 Bluebird Lane  Treasurer Name  Rikki H. Koutros  Street Address  40 Bluebird Lane  City Cranston  Street Address  40 Bluebird Lane  City Cranston  State RI  Zip 02921  City Cranston  Director Name  Blias G. Koutros  Street Address  Check the box to indicate an attachment of State Address  Street Address  40 Bluebird Lane  City Cranston  Director Name  Street Address  Street Address  City Cranston  Director Name  Street Address  City Cranston  Director Name  Street Address  City State  Zip  Director Name  Street Address  City State  Zip  Street Address  City State  Zip  State Zip  Street Address  City State  Zip  Street Address  City State  Zip  City State  Zip  State  Zip  Street Address  City State  Zip  Street Address  City State  Zip  Street Address  City State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  City State  Zip  St	7. List ALL officers (names and	d addresses)		T		the box to i	ndicate an attachment 🔲	
State   Ri   Zip   O2921   City   Cranston   Check the box to indicate an attachment   City   Cranston   Check the box to indicate an attachment   City   Cranston   City   City   City   City   Cranston   City   Cranst	President Name Elias G. Koutros			Elias G. Koutros				
Street Address 40 Bluebird Lane  City Cranston 8 List ALL directors (names and addresses)  Director Name Elias G. Koutros  Street Address 40 Bluebird Lane  City Cranston 8 List ALL directors (names and addresses)  Director Name Elias G. Koutros  Street Address 40 Bluebird Lane  City Cranston  Street Address 40 Bluebird Lane  City Cranston  Street Address  Street Address  Street Address  City Cranston  Director Name  Director Name  Street Address  Street Address  City State  Zip City State  Street Address  City State  3 Street Address  City State  3 Street Address  City State  Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a receiver unustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  Elias G. Koutros	Street Address 40 Bluebird Lane							
Street Address 40 Bluebird Lane  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Check the box to indicate an attachment of State RI  Zip 02921  City Cranston  Director Name  Elias G. Koutros  Street Address  Glive Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  City State  Zip  Director Name  Street Address  Street Address  Street Address  City State  Zip  City State  Zip  City State  Zip  State Zip  9. Shares Authorized  This information is currently of record in the Department of State.  Department of State.  Chassiseries  PAR VALUE  This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros	City Cranston	"	<sup>Zıp</sup> 02921			State RI	<sup>Zıp</sup> 02921	
City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  City Cranston  Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by an authorized representative. If the corporation is schedules and statements, and that all statements contained herein are true and correct.  City Cranston  State RI  Zip 02921  City Cranston  Street Address  Street Address  Street Address  Street Address  City State  Zip  Check the box to indicate an attachment of the box to indicate an attachment of State.  Check the box to indicate an attachment of S	Secretary Name Nikki H. Koutros			Treasurer Name Elias G. Koutros				
Street Address   Street Address   State   Zip   City   State   Zip	Street Address 40 Bluebird Lane			40 Bluebird Lane				
Director Name  Street Address  40 Bluebird Lane  City Cranston  Director Name  Director Name  Director Name  Street Address  City State  Street Address  City State  Street Address  City State  Check the box to indicate an attachment NUMBER OF SHARES  CLASSISERIES  PAR VALUE  Department of State.  Changes require an additional filling.  Common  No Par  This information is currently of record in the NUMBER OF SHARES  CLASSISERIES  PAR VALUE  This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  Elias G. Koutros	City Cranston	State RI	Zip 02921	City Cranston		State RI	<sup>Zip</sup> 02921	
Street Address  Street Address  City Cranston  State RI  Director Name  Director Name  Street Address  City State  Street Address  City State  City St		nd addresses)	<u> </u>		· <del></del> ·····	the box to i	ndicate an attachment	
City Cranston  Director Name  Director Name  Street Address  City  State  Zip  Octiv  State  Zip  Octiv State  Octiv State  Zip  Octiv State  Octiv State  Zip  Octiv State  Octiv State  Zip  Octiv State  Octiv State	Director Name Elias G. Koutros			Director Name	Director Name			
City Cranston  Director Name  Director Name  Street Address  City  State  Zip  Octiv  State  Zip  Octiv State  Octiv State  Zip  Octiv State  Octiv State  Zip  Octiv State  Octiv State  Zip  Octiv State  Octiv State	Street Address 40 Bluebird Lane			Street Address				
Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachment of state.  Changes require an additional filling.  10. Shares Issued  Number of SHARES  CLASS/SERIES  PAR VALUE  100  Common  No Par  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  ELIED  Total		State	<sup>Zip</sup> 02921	City		State	Zip	
City State Zip City State Zip City State Zip  9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment of State. 100 Common No Par  Changes require an additional filling. 100 Common No Par  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perfury, 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 Representative  Elias G. Koutros  The City State Zip  Description of Check the box to indicate an attachment attachment per value.  CLASS/SERIES PAR VALUE  No Par  100 Common No Par  110 Common No Par  111 This report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perfury, 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 Representative  Elias G. Koutros				Director Name				
9. Shares Authorized This information is currently of record in the Department of State.  10. Shares Issued  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  100  Common  No Par  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  FIED  10. Shares Issued  Check the box to indicate an attachment end attachment part value.  No Par  No Par  No Par  No Par  The corporation is in the hands of a receive ror trustee.  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 Representative	Street Address			Street Address				
This information is currently of record in the Department of State.  100  Common  No Par  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  PAR VALUE  100  Common  No Par  No Par  PAR VALUE  100  Common  No Par  PAR VALUE  100  Date  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee.  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 Representative  Elias G. Koutros	City	State	Zıp	City		State	Zip	
This information is currently of record in the Department of State.  100  Common  No Par  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  PAR VALUE  100  Common  No Par  No Par  PAR VALUE  100  Common  No Par  PAR VALUE  100  Date  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee.  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 Representative  Elias G. Koutros	9. Shares Authorized					Check the box to indicate an attachment		
Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perfury, 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 Representative  Elias G. Koutros  The Common No Par	This information is currently of record in the			FISHARES				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  FIED  17-3-7016			100	100			No Par	
trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Elias G. Koutros  FIFD  17-3-2016	Unanges require an additional t	ming.						
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 Representative  Elias G. Koutros  FIFD    72-3-2016						oration is in	the hands of a receiver or	
Name of Authorized Representative  Elias G. Koutros  FIED  Date  /7- 3-7016	Under penalty of perjury, I o	leclare and affirm	that I have examin	ed this report, i		npanying s	chedules and	
Elias G. Koutros FII FD 17-3-7018			i herein are true ai	nd correct.		Date		
	•		FII FD		3-7018			
	Signature of Authorized Repre	sentative						
SPEN FOLLOW NE HERF DEC 1 8 2018		Solar	SION DO	CUNT NT HERE	DEC 18 2018			

MAIL TO: **Division of Business Services** 

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

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

