



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

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>137599</b>		2. Exact name of the Corporation <b>Spartan Dental, Inc.</b>												
3. Principal Office Address <b>105 Sockanosset Crossroad</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>									
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Dental Services</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Elias G. Koutros</b>			Vice-President Name <b>Elias G. Koutros</b>											
Street Address <b>40 Bluebird Lane</b>			Street Address <b>40 Bluebird Lane</b>											
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>									
Secretary Name <b>Nikki H. Koutros</b>			Treasurer Name <b>Elias G. Koutros</b>											
Street Address <b>40 Bluebird Lane</b>			Street Address <b>40 Bluebird Lane</b>											
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Elias G. Koutros</b>			Director Name											
Street Address <b>40 Bluebird Lane</b>			Street Address											
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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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 receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
<b>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.</b>														
Name of Authorized Representative <b>Elias G. Koutros</b>				Date <b>12-3-2018</b>										
Signature of Authorized Representative 				<div style="text-align: center;"> <b>FILED</b>  <b>DEC 18 2018</b>  BY <u>3843 DS</u> </div>										

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov