



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

St.

→ 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 00007530		2. Exact name of the Corporation HIGHLAND DENTAL GROUP, INC.			
3. Principal Office Address 1189 Smithfield Avenue			City Lincoln	State RI	Zip 02865
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Rendering professional and personal services as dentists and oral surgeons.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Larry M. Forti			Vice-President Name Larry M. Forti		
Street Address 1189 Smithfield Avenue			Street Address 1189 Smithfield Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Larry M. Forti			Treasurer Name Larry M. Forti		
Street Address 1189 Smithfield Avenue			Street Address 1189 Smithfield Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Larry M. Forti			Director Name		
Street Address 1189 Smithfield Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			No par value		
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. 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 Larry M. Forti, President				Date 1/28/2019	
Signature of Authorized Representative <i>Larry M. Forti, President</i> SIGN DOCUMENT HERE FILED <i>02</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 30 2019

BY 32273

FORM 630 - Revised: 10/2017