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	2. Exact name of the Corporation
162158	Nathan W. Tilman, D.D.S., P.C.

3. Principal Office Address	City	State	Zip
136 Broadway	Newport	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 - Health Care and Social Ass (621210)	Conduct the practice of dentistry
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Nathan W. Tilman			Vice-President Name		
Street Address: 136 Broadway			Street Address		
City: Newport	State: RI	Zip: 02840	City	State	Zip
Secretary Name: Nathan W. Tilman			Treasurer Name: Nathan W. Tilman		
Street Address: 136 Broadway			Street Address: 136 Broadway		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0	common	$.01

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	Date
Nathan W. Tilman	1/20/19

Signature of Authorized Representative: 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

FILED
FEB 01 2019
BY 2/26 DS

FORM 630 - Revised: 10/2016