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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	200	
Corporation	2018	
COLDOLATION		

STAMP

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

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

Entity ID Number		, ,						
•		2. Exact name of the Corporation MALA S. BICARSIAN, DMD. INC.						
11621	11114212	S. POT CAHAST.	וזכו, טקון	70.700				
Principal Office Address			City		State	Zip		
708 WALWICK	e sue		WAZ	WICK	AI.	02888		
4. NAICS Code	6. Brief descrip	otion of the character	of business	conducted in Rhode Is	sland	· · · · · ·		
621210	GENERAL DENTISTRY							
5. State of Incorporation	┪		•					
A, I,								
7. List ALL officers (names and a	ddresses)		•	Check	the box to i	ndicate an attachment		
President Name MARIL S. BICHAN)	Vice-President Name MARIL S. BICHASIAN, OMO					
Street Address 25 MAINSAIL &	MAINSAIL BRIVE			Street Address 25 MANUSAIL DEUE				
City TIUERTON	State	Zip 0 2878		NOTE	State	Zip 02878		
Secretary Name MARYL S. BICHA	MAN, DML	AN, DMD Treasurer Name MAJL S. BICHASIAN, DMD				<i>M</i> 0		
Street Address	Address MAINSAIL BRIVE		Street Address 25 MAINSAIL BRIVE					
City TIVERTON	State	Zip 02878	City 171 UE	RTOV	State	^{Zip} 028₹8		
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment 🔲		
Director Name MARK S. BICHASIAN, DMD		Director Name						
Street Address 25 MAN SAIL DRIVE		Street Address						
City TIVERTON	State QI	Zip 02878	City		State	Zip		
Director Name			Director Nan	ne				
Street Address		Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue				ndicate an attachment 🔲		
This information is currently of record in the Department of State.		NUMBER OF SI				PAR VALUE		
		100 813/3	ZES	common		NO PAR VALUE		
Changes require an additional filln	g.							
11. This report must be executed	on behalf of the o	orporation by an aut	horized repre	I	ration is in t	he hands of a receiver or		
trustee, this report must be execu	<u>ited on behalf of t</u>	he corporation by the	e receiver or	trustee.				
Under penalty of perjury, I decl	are and affirm th ents contained h	at I have examined	this report,	including any accom	panying s	chedules and		
statements, and that all statem Name of Authorized Representati	ve	TOTO TO COURT OF COURT	correct.		Date			
DR MARKS, BIC	HAUAN				1/2	19/19		
Signature of Authorized Regresentative								
Is My S. Buhayan SIGN DOCUMENT HERE FEB 01 2019								
MAIL TO:								

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 70 doj