



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

Annual Report for the year:

Corporation

2019

→ 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 <u>11621</u>		2. Exact name of the Corporation <u>MARK S. BICHASIAN, DMD. INC</u>	
3. Principal Office Address <u>708 WARWICK AVE</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02888</u>	
4. NAICS Code <u>621210</u>	6. Brief description of the character of business conducted in Rhode Island <u>GENERAL DENTISTRY</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>MARK S. BICHASIAN, DMD</u>		Vice-President Name <u>MARK S. BICHASIAN, DMD</u>	
Street Address <u>25 MAINSAIL DRIVE</u>		Street Address <u>25 MAINSAIL DRIVE</u>	
City <u>TIVERTON</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>TIVERTON</u>
			State <u>RI</u>
			Zip <u>02878</u>
Secretary Name <u>MARK S. BICHASIAN, DMD</u>		Treasurer Name <u>MARK S. BICHASIAN, DMD</u>	
Street Address <u>25 MAINSAIL DRIVE</u>		Street Address <u>25 MAINSAIL DRIVE</u>	
City <u>TIVERTON</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>TIVERTON</u>
			State <u>RI</u>
			Zip <u>02878</u>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>MARK S. BICHASIAN, DMD</u>		Director Name	
Street Address <u>25 MAINSAIL DRIVE</u>		Street Address	
City <u>TIVERTON</u>	State <u>RI</u>	Zip <u>02878</u>	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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100 SHARES</u>	<u>COMMON</u>
			<u>NO PAR VALUE</u>
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 <u>DR MARK S. BICHASIAN</u>		Date <u>1/29/19</u>	
Signature of Authorized Representative <u>Dr Mark S. Bichasian</u>		FILED <u>1/29/19</u>	
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

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