



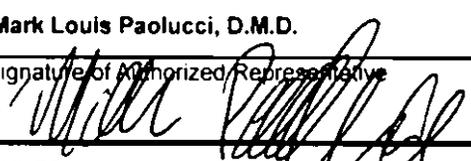
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 FEB -6 AM 11:30

1. Entity ID Number <b>001666224</b>		2. Exact name of the Corporation <b>PAOLUCCI, LINCOLN DENTAL ASSOCIATES, PC</b>			
3. Principal Office Address <b>6 Blackstone Valley Place, Suite 306A</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>621210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Engaged in the practice of denistry and dental services.</b>				
5. State of Incorporation <b>Rhode Island</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>Mark Louis Paolucci, D.M.D.</b>			Vice-President Name <b>Mark Louis Paolucci, D.M.D.</b>		
Street Address <b>250 First Avenue, Unit 801</b>			Street Address <b>250 First Avenue, Unit 801</b>		
City <b>Charlestown</b>	State <b>MA</b>	Zip <b>02129</b>	City <b>Charlestown</b>	State	Zip <b>02129</b>
Secretary Name <b>Mark Louis Paolucci, D.M.D.</b>			Treasurer Name <b>Mark Louis Paolucci, D.M.D.</b>		
Street Address <b>250 First Avenue, Unit 801</b>			Street Address <b>250 First Avenue, Unit 801</b>		
City <b>Charlestown</b>	State	Zip <b>02129</b>	City <b>Charlestown</b>	State	Zip <b>02129</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			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 <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		PAR VALUE
			<b>1000</b>	<b>Common</b>	<b>\$1.00/share</b>
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>Mark Louis Paolucci, D.M.D.</b>					Date <b>1/31/2019</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE <b>FILED</b>		

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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