

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. Filing ID Number 7410		2. Exact name of the Corporation Prosthodontics, Ltd.									
3. Principal Office Address 200 Waterman Street		City East Providence		State RI	Zip 02906						
4. NAICS Code 621512		6. Brief description of the character of business conducted in Rhode Island Medical Office									
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 Lawrence J. Dario, DMD			Vice-President Name								
Street Address 200 Waterman Street			Street Address								
City Providence	State RI	Zip 02906	City	State	Zip						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
Director Name Lawrence J. Dario, DMD			Director Name								
Street Address 200 Waterman Street			Street Address								
City Providence	State RI	Zip 02906	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized		10. Shares Issued									
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td>No Par</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		No Par
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1000		No Par									
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 Lawrence J. Dario, DMD			Date 2/1/2019								
Signature of Authorized Representative			5045								

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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