



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
 CORPORATION DIVISION
 2019 FEB 22 PM 2:00

1. Entity ID Number 9360		2. Exact name of the Corporation DR. LAWRENCE D. PAGE, INC			
3. Principal Office Address 31 ELMGROVE AVENUE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island PRACTICE OF DENTISTRY			
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 D. PAGE			Vice-President Name NONE		
Street Address 31 ELMGROVE AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name LAWRENCE D. PAGE			Treasurer Name LAWRENCE D. PAGE		
Street Address 31 ELMGROVE AVENUE			Street Address 31 ELMGROVE AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NO PAR VALUE
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 D. PAGE					Date 12/24/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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 22 2019
 BY **GEM3K**
 2:00