



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

**FILED**

**Annual Report for the year: 2019 Corporation**

FEB 27 2019 *KM*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 6757

1. Entity ID Number <b>116106</b>		2. Exact name of the Corporation <b>Mark P. Small, D.M.D., Inc.</b>			
3. Principal Office Address <b>1090 NEW LONDON AVENUE, UNIT 2</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>THE PRACTICE OF DENTISTRY</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 P. SMALL, D.M.D.</b>			Vice-President Name <b>MARK P. SMALL, D.M.D.</b>		
Street Address <b>1090 NEW LONDON AVENUE, UNIT 2</b>			Street Address <b>1090 NEW LONDON AVENUE, UNIT 2</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>MARK P. SMALL, D.M.D.</b>			Treasurer Name <b>MARK P. SMALL, D.M.D.</b>		
Street Address <b>1090 NEW LONDON AVENUE, UNIT 2</b>			Street Address <b>1090 NEW LONDON AVENUE, UNIT 2</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</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 <b>MARK P. SMALL, D.M.D.</b>			Director Name		
Street Address <b>1090 NEW LONDON AVENUE, UNIT 2</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	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
			<b>100</b>	<b>COMMON</b>	<b>\$0.00</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. <i>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.</i>					
Name of Authorized Representative <b>MARK P. SMALL, D.M.D.</b>				Date <b>2/27/19</b>	
Signature of Authorized Representative 					