



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.

FILED

MAR 06 2019

BY 42120

1. Entity ID Number 000055945		2. Exact name of the Corporation Archie R. Touchette, D.D.S., Ltd.	
3. Principal Office Address 2 Monument Square		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island Dentist & 9 Spaces for Lease		
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 Archie R. Touchette, DDS		Vice-President Name	
Street Address 21 New Clark Road,		Street Address	
City Cumberland	State RI	Zip 02864	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 500	CLASS/SERIES 0
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 Archie R. Touchette, DDS		Date March 1, 2019	
Signature of Authorized Representative <i>Archie R. Touchette, DDS</i> NON DOCUMENT HERE			

MAIL TO:

Division of Business Services

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