



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 15 2019

BY 14942

1. Entity ID Number 105302		2. Exact name of the Corporation SMITH FAMILY DENTAL ASSOCIATES, INC.									
3. Principal Office Address 2780 Pawtucket Avenue			City East Providence	State RI	Zip 02914						
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island Family Dental										
5. State of Incorporation Ri											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Michelle D. Smith-Goncalves			Vice-President Name None								
Street Address 2780 Pawtucket Avenue			Street Address								
City East Providence	State RI	Zip 02914	City	State	Zip						
Secretary Name Nicole Steckler			Treasurer Name Nicole Steckler								
Street Address 2780 Pawtucket Avenue			Street Address 2780 Pawtucket Avenue								
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Michelle D. Smith-Goncalves			Director Name Nicole Steckler								
Street Address 2780 Pawtucket Avenue			Street Address 2780 Pawtucket Avenue								
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200	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 Michelle D. Smith-Goncalves, President				Date 2-2-19							
Signature of Authorized Representative <i>Michelle D. Smith-Goncalves</i> President											

MAIL TO:

Division of Business Services

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

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Website: www.sos.n.gov