



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 <b>105302</b>		2. Exact name of the Corporation <b>SMITH FAMILY DENTAL ASSOCIATES, INC.</b>			
3. Principal Office Address <b>2780 Pawtucket Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Family Dental</b>			
5. State of Incorporation <b>Ri</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>Michelle D. Smith-Goncalves</b>			Vice-President Name <b>None</b>		
Street Address <b>2780 Pawtucket Avenue</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>Nicole Steckler</b>			Treasurer Name <b>Nicole Steckler</b>		
Street Address <b>2780 Pawtucket Avenue</b>			Street Address <b>2780 Pawtucket Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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>Michelle D. Smith-Goncalves</b>			Director Name <b>Nicole Steckler</b>		
Street Address <b>2780 Pawtucket Avenue</b>			Street Address <b>2780 Pawtucket Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>None</b>			Director Name <b>None</b>		
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>200</b>		<b>Common</b>	<b>No Par Value</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.					
<b>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.</b>					
Name of Authorized Representative <b>Michelle D. Smith-Goncalves, President</b>					Date <b>2-2-19</b>
Signature of Authorized Representative <i>Michelle D. Smith-Goncalves</i> <b>President</b>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov