RI SOS Filing Number: 201989481150 Date: 3/29/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

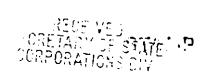
Department of State - Business Services Division

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



2019 MAR 29 AM 8: 48

1. Entity ID Number	2. Exact name of the Corporation						
140107	AQUIDN	AQUIDNECK DENTAL, INC.					
3. Principal Office Address			City		State	Zip	
21 KING CHARLES DRIVE			PORTSMO	HTUC	RI	02871	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
621210	PRACTICE	PRACTICE OF GENERAL AND COSMETIC DENTISTRY					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and	l addresses)				k the box to i	indicate an attachment	
President Name AUGUSTUS NOGUEIRA, JR.			Vice-President Name AUGUSTUS NOGUEIRA, JR.				
Street Address 21 KING CHARI	Street Address 21 KING CHARLES DRIVE						
City PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH		State RI	^{Zip} 02871	
Secretary Name AUGUSTUS NOGUEIRA, JR.			Treasurer Name AUGUSTUS NOGUEIRA, JR.				
Street Address 21 KING CHARLES DRIVE			Street Address 21 KING CHARLES DRIVE				
City PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH		State RI	^{Zip} 02871	
8. List ALL directors (names ar	nd addresses)		<u> </u>		k the box to	indicate an attachment 🔲	
Director Name NONE			Director Nam	16			
Street Address			Street Address				
City	State	Zip	City		State	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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SMARES		CLASS/SERIES PAR VALUE			
				COMMON	COMMON NO I		
11. This report must be execut	ed on behalf of the	corporation by an	authorized repre	esentative. If the corr	poration is in	the hands of a receiver or	
trustee, this report must be exe	ecuted on behalf o	f the corporation by	the receiver or	trustee.		•	
Under penalty of perjury, I de statements, and that all state				including any acco	mpanying s	chedules and	
Name of Authorized Represent			14 LUITELL		Date	1.1	
AUGUSTUS, NOGUEIRA JR. 3/9/19							
Signature of Authorized Repre	peritative /	٥٠(١٩١١)	CUMENT HER	FILED	٠	in the second second	
MAIL TO:		// W/ -	·	A A 2018			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 9 2015