



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

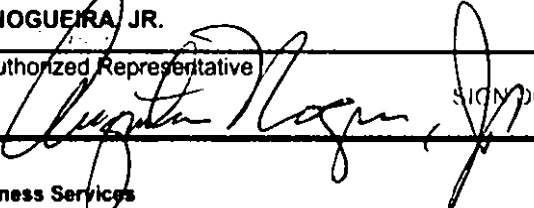
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 29 AM 8:48

1. Entity ID Number 140107		2. Exact name of the Corporation AQUIDNECK DENTAL, INC.			
3. Principal Office Address 21 KING CHARLES DRIVE		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island PRACTICE OF GENERAL AND COSMETIC DENTISTRY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name AUGUSTUS NOGUEIRA, JR.			Vice-President 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
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 and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐	
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR	
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 AUGUSTUS NOGUEIRA JR.					Date 3/9/19
Signature of Authorized Representative 					

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

MAR 29 2019

BY  7382

FORM 630 - Revised: 10/2017