



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
 AUG 29 2019
 BY 6300 DS

1. Entity ID Number 96490		2. Exact name of the Corporation ACCESS DENTAL CARE P.C. INC.			
3. Principal Office Address 1234 MINERAL SPRING AVE		City NORTH PROVIDENCE		State RI	Zip 02904
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To Provide Dental Care			
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 JOHN MANOUSOS			Vice-President Name TARANAH TABATABAIE		
Street Address 1234 MINERAL SPRING AVE			Street Address 1234 MINERAL SPRING AVE		
City NORTH PROVIDENCE		State RI	Zip 02904	City NORTH PROVIDENCE	
Secretary Name TARANAH TABATABAIE		Treasurer Name TARANAH TABATABAIE			
Street Address 1234 MINERAL SPRING AVE			Street Address 1234 MINERAL SPRING AVE		
City NORTH PROVIDENCE		State RI	Zip 02904	City NORTH PROVIDENCE	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN MANOUSOS			Director Name TARANAH TABATABAIE		
Street Address 1234 MINERAL SPRING AVE			Street Address 1234 MINERAL SPRING AVE		
City NORTH PROVIDENCE		State RI	Zip 02904	City NORTH PROVIDENCE	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01
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. <i>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.</i>					
Name of Authorized Representative JOHN MANOUSOS				Date 8/27/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	