State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

FILED

NOV 12 2019

BY 51515

1. Entity ID Number **531015**	2. Exact name of the Limited Liability Company ## Dental Associates of Rhode Island, LLC
3. NAICS Code 621210	4. Brief description of the character of business conducted in Rhode Island **Dental Services**
5. State of Formation **RI**	

6. Principal Office Address **1414 Atwood Avenue, Suite 350**	City **Johnston**	State **RI**	Zip **02919**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Rupesh Udeshi**	Contact Title **Member**		
Street Address **1414 Atwood Avenue, Suite 350**	City **Johnston**	State **RI**	Zip **02919**

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State Changes require filing Form 642

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 Person **Rupesh Udeshi, Member**	Date 10/31/2019
Signature of Authorized Person ✱	SIG FUCSC...

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017