

**FILED**State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual Report for the year:  
Corporation2020

DEC 30 2019

BY

02710

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000014212</b>		2. Exact name of the Corporation <b>Lawrence P. Stephenson, D.D.S., Ltd.</b>	
3. Principal Office Address <b>1826 Mineral Spring Avenue</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>621210</b>	6. Brief description of the character of business conducted in Rhode Island <b>To render professional services in the practice of dentistry</b>		
5. State of Incorporation <b>Rhode Island</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>Lawrence P. Stephenson</b>		Vice-President Name <b>Lawrence P. Stephenson</b>	
Street Address <b>1826 Mineral Spring Avenue</b>		Street Address <b>1826 Mineral Spring Avenue</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Lawrence P. Stephenson</b>		Treasurer Name <b>Lawrence P. Stephenson</b>	
Street Address <b>1826 Mineral Spring Avenue</b>		Street Address <b>1826 Mineral Spring Avenue</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</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>Lawrence P. Stephenson</b>		Director Name	
Street Address <b>1826 Mineral Spring Avenue</b>		Street Address	
City <b>North Providence</b>	State <b>RI</b>	City	State
Zip <b>02904</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>common</b>
		PAR VALUE <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. 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 <b>Lawrence P. Stephenson</b>		Date <b>20 DEC 19</b>	
Signature of Authorized Representative 			

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

FORM 630 - Revised: 10/2017