



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

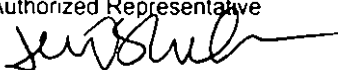
Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2020 JAN 23 10:14:13

1. Entity ID Number <b>001668117</b>		2. Exact name of the Corporation <b>Karlene Guasteferro, D.D.S. of Rhode Island, P.C.</b>			
3. Principal Office Address <b>414 Union St., Suite 800</b>			City <b>Nashville</b>	State <b>TN</b>	Zip <b>37219</b>
4. NAICS Code <b>621210</b>	6. Brief description of the character of business conducted in Rhode Island <b>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>Karlene Guasteferro</b>			Vice-President Name <b>Karlene Guasteferro</b>		
Street Address <b>414 Union St., Suite 800</b>			Street Address <b>414 Union St., Suite 800</b>		
City <b>Nashville</b>	State <b>TN</b>	Zip <b>37219</b>	City <b>Nashville</b>	State <b>TN</b>	Zip <b>37219</b>
Secretary Name <b>Karlene Guasteferro</b>			Treasurer Name <b>Karlene Guasteferro</b>		
Street Address <b>414 Union St., Suite 800</b>			Street Address <b>414 Union St., Suite 800</b>		
City <b>Nashville</b>	State <b>TN</b>	Zip <b>37219</b>	City <b>Nashville</b>	State <b>TN</b>	Zip <b>37219</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>Karlene Guasteferro</b>			Director Name		
Street Address <b>414 Union St., Suite 800</b>			Street Address		
City <b>Nashville</b>	State <b>TN</b>	Zip <b>37219</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	CLASS/SERIES	PAR VALUE
			<b>1,000</b>	<b>Common</b>	<b>\$0.0100</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.					
<b>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.</b>					
Name of Authorized Representative <b>Jennifer Shanburn</b>					Date <b>1-22-20</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

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