



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.

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1. Entity ID Number 001668117		2. Exact name of the Corporation Karlene Guasteferro, D.D.S. of Rhode Island, P.C.			
3. Principal Office Address 414 Union St., Suite 800			City Nashville	State TN	Zip 37219
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentistry			
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 Karlene Guasteferro			Vice-President Name Karlene Guasteferro		
Street Address 414 Union St., Suite 800			Street Address 414 Union St., Suite 800		
City Nashville	State TN	Zip 37219	City Nashville	State TN	Zip 37219
Secretary Name Karlene Guasteferro			Treasurer Name Karlene Guasteferro		
Street Address 414 Union St., Suite 800			Street Address 414 Union St., Suite 800		
City Nashville	State TN	Zip 37219	City Nashville	State TN	Zip 37219
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karlene Guasteferro			Director Name		
Street Address 414 Union St., Suite 800			Street Address		
City Nashville	State TN	Zip 37219	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			1,000	Common	\$0.0100
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 Jennifer Shanburn					Date 1-22-20
Signature of Authorized Representative 			FILED		

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

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