



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

Annual Report for the year: 2020
Corporation

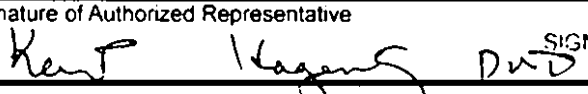
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

FILED

JAN 27 2020

BY

1807

1. Entity ID Number 000116844		2. Exact name of the Corporation Kevin P. Hagerty, D.M.D., Professional Corporation									
3. Principal Office Address 61 Cedar Avenue - #5			City East Greenwich	State RI	Zip 02818						
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of professional 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 Kevin P. Hagerty, D.M.D.			Vice-President Name								
Street Address 61 Cedar Avenue - #5			Street Address								
City East Greenwich	State RI	Zip 02818	City	State	Zip						
Secretary Name Kevin P. Hagerty, D.M.D.			Treasurer Name Kevin P. Hagerty, D.M.D.								
Street Address 61 Cedar Avenue - #5			Street Address 61 Cedar Avenue - #5								
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name None			Director Name								
Street Address			Street Address								
City	State	Zip	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 Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value									
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 Kevin P. Hagerty, D.M.D.				Date 1/14/2020							
Signature of Authorized Representative  SIGN DOCUMENT HERE											

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