



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 29 2020

294

1. Entity ID Number 116221		2. Exact name of the Corporation Comfort Dental, a Professional Corporation												
3. Principal Office Address 1482 Broad Street			City Providence	State RI	Zip 02905									
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Family 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 Dr. Carmen Sanchez			Vice-President Name Dr. Carmen Sanchez											
Street Address 1482 Broad Street			Street Address 1482 Broad Street											
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905									
Secretary Name Dr. Carmen Sanchez			Treasurer Name Dr. Carmen Sanchez											
Street Address 1482 Broad Street			Street Address 1482 Broad Street											
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>59</td> <td>one class</td> <td>\$10/ Share</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	59	one class	\$10/ Share			
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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 Dr. Carmen Sanchez					Date									
Signature of Authorized Representative														
SIGN DOCUMENT HERE														