



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
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| 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">59</td> <td style="text-align: center;">one class</td> <td style="text-align: center;">\$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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| 59 | one class | \$10/ Share | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov