

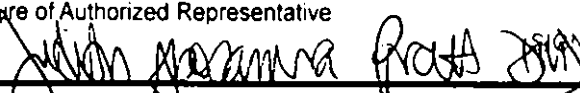


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
 STAMP
 SECRETARY OF STATE
 PROVIDENCE, RI
 BY 2868

1. Entity ID Number 1663548		2. Exact name of the Corporation Pratt Family Dentistry, Inc.			
3. Principal Office Address 4512 Post Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Practice of 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 Judith Abosamra Pratt, DMD			Vice-President Name None		
Street Address 4512 Post Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Judith Abosamra Pratt, DMD			Treasurer Name Judith Abosamra Pratt, DMD		
Street Address 4512 Post Road			Street Address 4512 Post Road		
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 Judith Abosamra Pratt, DMD			Director Name		
Street Address 4512 Post Road			Street Address		
City East Greenwich	State RI	Zip 02818	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	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 Judith Abosamra Pratt, DMD					Date
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.ri.gov