



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

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Annual Report for the year: **2019**

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001663828		2. Exact name of the Limited Liability Company Adriano-Martins Dental Group LLC			
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island Dentist			
5. State of Formation RI					
6. Principal Office Address 1 Waterford Cir		City Dighton		State MA	Zip 02715
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mayumi Adriano-Martins			Contact Title President		
Street Address 1 Waterford Cir		City Dighton		State MA	Zip 02715
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Mayumi Adriano-Martins				Date 01/27/2020	
Signature of Authorized Person <i>Mayumi Adriano-Martins</i>				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

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BY *LSQ6P*
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