



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

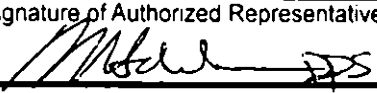
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 03 2020

BY

5388

1. Entity ID Number 1558		2. Exact name of the Corporation Attleboro-Cumberland Oral Surgeons, Inc.			
3. Principal Office Address 103 Commonwealth Avenue			City Attleboro Falls	State MA	Zip 02763
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Practice of dentistry and oral surgeons.			
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 Mark D. Schenkman			Vice-President Name None		
Street Address 16232 1st Avenue			Street Address		
City Phoenix	State AZ	Zip 85045	City	State	Zip
Secretary Name Mark D. Schenkman			Treasurer Name Mark D. Schenkman		
Street Address 16232 1st Avenue			Street Address 16232 1st Avenue		
City Phoenix	State AZ	Zip 85045	City Phoenix	State AZ	Zip 85045
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark D. Schenkman			Director Name		
Street Address 16232 1st Avenue			Street Address		
City Phoenix	State AZ	Zip 85045	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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	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 Mark D. Schenkman, President					Date 1/21/2020
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.ri.gov

FORM 630 - Revised: 10/2017