



**Department of State - Business Services Division**

**Annual Report for the year: 2020 Corporation**

**FILED**

MAR 02 2020

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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>36960</b>		2. Exact name of the Corporation <b>North Providence Dental Associates, Inc.</b>			
3. Principal Office Address <b>1635 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>423450</b>		6. Brief description of the character of business conducted in Rhode Island <b>Dental, orthodontal and oral surgical services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Peter MacGillivray</b>			Vice-President Name <b>Peter MacGillivray</b>		
Street Address <b>1635 Mineral Spring Avenue</b>			Street Address <b>1635 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Peter MacGillivray</b>			Treasurer Name <b>Peter MacGillivray</b>		
Street Address <b>1635 Mineral Spring Avenue</b>			Street Address <b>1635 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Peter MacGillivray</b>			Director Name		
Street Address <b>1635 Mineral Spring Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>common</b>	<b>no par</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>PETER A. MAC GILLIVRAY</b>				Date <b>2/11/20</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	