



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

Annual Report for the year: 2020
Corporation

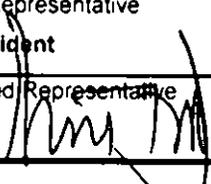
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

MAR 12 2020

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1. Entity ID Number 96658		2. Exact name of the Corporation DEEPAK SALUJA, D.M.D., INC.			
3. Principal Office Address 66 Kennedy Plaza			City Providence	State RI	Zip 02903
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentist Office			
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 Deepak Saluja			Vice-President Name None		
Street Address 115 Transit Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Deepak Saluja			Treasurer Name Deepak Saluja		
Street Address 115 Transit Street			Street Address 115 Transit Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Deepak Saluja			Director Name		
Street Address 115 Transit Street			Street Address		
City Providence	State RI	Zip 02906	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 Deepak Saluja, President				Date 3.3.2020	
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