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State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual 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 1027278		2. Exact name of the Limited Liability Company Coastal Dental Associates II LLC			
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island Office practicing general and specialized dentistry			
5. State of Formation Rhode Island					
6. Principal Office Address 7355 Post Rd			City North Kingstown	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Siobhan Powers			Contact Title Staff Accountant		
Street Address 29 Updike Ave			City North Kingstown	State RI	Zip 02852
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 Michael Capalbo				Date 3/26/2020	
Signature of Authorized Person <i>Michael B Capalbo</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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