Ctate of Dhada Island							
State of Rhode Island  Department of State - Business Services Division							
Annual Report for the year		FI	LED	STACE			
Corporation $-\frac{\partial }{\partial }\partial $				OCT 0 6 2020 2			
→ Filing period: January 1 - March 1				اپال	<b>00</b> 200	75	
→ Filing Fee: \$50.00				{	6X		
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.				BY	ستسلب	000	
Entity ID Number	2. Exact name o	f the Corporation		<u> </u>	-		
3. Principal Office Address	Access Dental care PC Inc						
1234 Mineral	Spring	Ave	N. Provi	denu	State 12-1	02904	
4 NAICS Code	<ol><li>Brief descripti</li></ol>	on of the characte	of business c	onducted in Rhode Isl	and	1	
1631319	12 gra	Price Doin	Roulino	Dental care.			
5 State of Incorporation	1 service v	inte. Di		4-C- (1900 C- 4-C)			
Ph							
7 List All Latticurs (names and add	100000						
7. List ALL officers (names and add President Name	iresses)		[Vice-President	Name A 0	ne box to in	dicate an attachment 🛄	
John manousas			Toranch Tabellabail				
Street Address Mineral	Spins Au		Street Address 12-34 Mineral Sprin Aul				
N povibera	State	202904	CW - PON	itence	State	Zip 02904	
Secretary Name	Treasurer Nam	ne — (	-				
Tarantu Taballabo	Toronen labolaball						
1234 moutal =	of M	L	Street Address Minufal Ling tul				
CITY N- PORTURE	Siale	1029AM	City N. Pri	oridence	State 1	2:02904	
8 List ALL directors (names and addresses)  Check the box to indicate an attachment							
John Munovid			Tora Vla Tabala faid				
Street Address A -			Street Address 0 0				
12-34 MINUSAL SPI	ng Auc		1234	MINITAL ST	my tu	L	
[ N. Povilera	State 22	Zip	City L. Pa	ritura	State (2)	02904	
Director Name	11	02904	Director Name	" cuu	12	102101	
				Director Name			
Street Address			Street Address				
Cily	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Charge leave			<u> </u>		
This information is currently of recor	rd in the	10 Shares Issue		CLASS/SERIES	e box to in	dicate an attachment  PAR VALUE	
Department of State.		1				1	
Changes require an additional filing.		100		Common		No far	
11 The constant of the		<u> </u>		·			
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	9				Date	1 -	
Tarrively tahatabas					५\३	0/2020	
Signature of Authorized Representative							
Torred Talocation							

MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov