



State of Rhode Island

## 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

OCT 06 2020

BY

1. Entity ID Number <b>000096490</b>		2. Exact name of the Corporation <b>Access Dental Care PC INC</b>			
3. Principal Office Address <b>1234 Mineral Spring Ave</b>		City <b>N. Providence</b>		State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Dental office. Doing routine dental care.</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>John Manousos</b>			Vice-President Name <b>Toraneh Tabatabaie</b>		
Street Address <b>1234 Mineral Spring Ave</b>			Street Address <b>1234 Mineral Spring Ave</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Toraneh Tabatabaie</b>			Treasurer Name <b>Toraneh Tabatabaie</b>		
Street Address <b>1234 Mineral Spring Ave</b>			Street Address <b>1234 Mineral Spring Ave</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. 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>John Manousos</b>			Director Name <b>Toraneh Tabatabaie</b>		
Street Address <b>1234 Mineral Spring Ave</b>			Street Address <b>1234 Mineral Spring Ave</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <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.					
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 <b>Toraneh Tabatabaie</b>				Date <b>9/30/2020</b>	
Signature of Authorized Representative <b>Toraneh Tabatabaie</b>					

## MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 530 - Revised: 08/2020