



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

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

FILED

OCT 29 2020

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1. Entity ID Number 001699599		2. Exact name of the Limited Liability Company Branch Village Dental Associates, LLC			
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island Operate a dental practice and provide services.			
5. State of Formation Rhode Island					
6. Principal Office Address 501 Great Road, Unit 101		City North Smithfield		State RI	Zip 02896
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Shanthi M. Cariappa, D.D.S.		Contact Title Member			
Street Address 501 Great Road, Unit 101		City North Smithfield		State RI	Zip 02896
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	
Manager Name		Manager Name			
Street Address		Street Address			
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.					
<i>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.</i>					
Name of Authorized Person Shanthi M. Cariappa				Date 10/23/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov