State of Rhode Island
Department of State - Business Services Division

FILED STAMP
JAN 20 2021
BY 13390

Annual Report for the year: 2021
Corporation

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

1. Entity Number	2. Exact name of the Corporation
16666224	PAOLUCCI, LINCOLN DENTAL ASSOCIATES, PC

DS

3. Principal Office Address	City	State	Zip
6 Blackstone Valley Place, Suite 306A	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	Engaged in the practice of dentistry and dental services.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Mark Louis Paolucci, D.M.D.			Vice-President Name: Mark Louis Paolucci, D.M.D.		
Street Address: 197 Eighth Street Unit 426			Street Address: 197 Eighth Street Unit 426		
City: Boston	State: MA	Zip: 02129	City: Boston	State: MA	Zip: 02129
Secretary Name: Mark Louis Paolucci, D.M.D.			Treasurer Name: Mark Louis Paolucci, D.M.D.		
Street Address: 197 Eighth Street Unit 426			Street Address: 197 Eighth Street Unit 426		
City: Boston	State: MA	Zip: 02129	City: Boston	State: MA	Zip: 02129

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Common	$1.00/share

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	Date
Mark Louis Paolucci, D.M.D	1/12/2021

Signature of Authorized Representative: Mark Louis Paolucci DMD

MAIL TO:
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