State of Rhode Island

Department of State - Business Services Division

FILED

JAN 2	7	2021

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$

Penalty: Additional \$25.00	iee ii form is no	ot tiled by April 1.			_	()			
Entity ID Number	2. Exact nam	ne of the Corporation	on	•					
489050	Neal W. Rogol DMD, Inc.								
Principal Office Address			City	-	State	I 7 in			
60 Canonchet Way			1 -		RI	Zip			
oo Canonchet way			Narragansei	Narragansett		02882			
4. NAICS Code	Brief descr	ription of the chara	cter of business c	onducted in Rhode I	sland	•			
561110	Operation of a Dental Office								
5. State of Incorporation	-								
RI	1								
KI	ł								
7. List ALL officers (names and ac	ldresses)			Check	the box to i	indicate an attachment			
President Name Neal Rogol			Vice-President	Vice-President Name					
Street Address 60 Canonchet Way			Street Address	i					
		le:-		<u></u>	To	In			
City Narragansett	State RI	^{Zip} 02882	City		State	Zip			
Secretary Name Neal Rogol	Д		Treasurer Nam	Treasurer Name Neal Rogol					
			Treasurer Hair	"Neal Rogol					
Street Address 60 Canonchet Way									
				60 Canonchet Way					
City Narragansett	State RI	Zip ₀₂₈₈₂	City Narragai	ncatt	State RI	Zip 02882			
		02002	.vaitagai		l RI	02002			
8. List ALL directors (names and a	iddresses)				the box to i	indicate an attachment [
Oirector Name Neal Rogol			Director Name	:					
Street Address			Street Address						
Street Address 60 Canonchet Way			Sileet Address						
City Narragansett	Ctato	Zip	City		State Zip				
ivarragansett	RI RI	Zip 02882				'			
Director Name		•	Director Name	:		<u> </u>			
Street Address			Street Address	3	<u></u>				
City	Teres	T				· · · · · · · · · · · · · · · · · · ·			
iony	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is		Chock	the boy to i	indicate an attachment C			
This information is currently of rece	ord in the		OF SHARES	CLASS/SERIE		indicate an attachment PAR VALUE			
Department of State.		100	100			0.01			
Changes require an additional filing	_			Common		0.01			
onanges require an additional lilling	!•								
11. This report must be executed	on behalf of the	comparation by an	authorized repres	contative If the corne	ration in in	the hands of a receiver of			
trustee, this report must be executed	ted on behalf of	f the corporation by	the receiver or tr	ristoo	ration is in	the hands of a receiver of			
Under penalty of perjury, I decla	re and affirm	that I have examir	ned this report, in	ncluding any accon	npanying s	chedules and			
statements, and that all stateme	ents contained	<u>l herein are true ai</u>	nd correct.		V 7				
Name of Authorized Representation	/e			-	Date				
Neal Rogol					1 1/1	15/2021			
Signature of Authorized Represen	tative				/	<i>'</i>			
6 11111									
Ly (M/A/)			_	<u> </u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov