State of Rhode Island

Department of State - Business Services Division

FILED

JAN 27 2021

BY

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 ID Number	2. Exact name of the Corporation
489050	Neal W. Rogol DMD, Inc.

3. Principal Office Address	City	State	Zip
60 Canonchet Way	Narragansett	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561110	Operation of a Dental Office
5. State of Incorporation	
RI	

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

President Name: Neal Rogol			Vice-President Name:		
Street Address: 60 Canonchet Way			Street Address:		
City: Narragansett	State: RI	Zip: 02882	City:	State:	Zip:
Secretary Name: Neal Rogol			Treasurer Name: Neal Rogol		
Street Address: 60 Canonchet Way			Street Address: 60 Canonchet Way		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882

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

Director Name: Neal Rogol			Director Name:		
Street Address: 60 Canonchet Way			Street Address:		
City: Narragansett	State: RI	Zip: 02882	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.	100	Common	0.01

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
Neal Rogol	1/15/2021

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov