



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

FILED

Annual Report for the year: 2020
Corporation

APR 01 2020

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

BY _____

1. Entity ID Number 93337		2. Exact name of the Corporation Wickford Dental Associates, Inc.										
3. Principal Office Address 320 Phillips Street, Suite 104		City North Kingstown	State RI									
		Zip 02852										
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island Professional dentistry services											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Paul N. Boscia		Vice-President Name Paul N. Boscia										
Street Address 320 Phillips Street, Suite 104		Street Address 320 Phillips Street, Suite 104										
City North Kingstown	State RI	City North Kingstown	State RI									
Secretary Name Paul N. Boscia		Treasurer Name Paul N. Boscia										
Street Address 320 Phillips Street, Suite 104		Street Address 320 Phillips Street, Suite 104										
City North Kingstown	State RI	City North Kingstown	State RI									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name None		Director Name None										
Street Address		Street Address										
City	State	City	State									
Director Name None		Director Name None										
Street Address		Street Address										
City	State	City	State									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	Common	No Par										
Changes require an additional filing.												
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 Paul N. Boscia		Date 2/17/2020										
Signature of Authorized Representative 												

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

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JAN 27 2021
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