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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
148 W. River St
Providence, RI 02904-2615
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • Filing Fee: $50.00*

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1 Corporate ID No	2 Name of Corporation
100361	Ocean State Dental Group, Inc.

3 Street Address Principal Business Office	City	State	Zip
1522 Elmwood Ave.	Cranston	RI	02910

4 Business Phone No	5 State of Incorporation
401-467-6363	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
To provide dental services and for any other lawful purpose (621210)

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Peter J. D'Allesandro	Peter J. D'Allesandro
Street Address: 1522 Elmwood Ave.	Street Address: 1522 Elmwood Ave.
City: Cranston / State: RI / Zip: 02910	City: Cranston / State: RI / Zip: 02910
Secretary Name: Peter J. D'Allesandro	Treasurer Name: Peter J. D'Allesandro
Street Address: 1522 Elmwood Ave.	Street Address: 1522 Elmwood Ave.
City: Cranston / State: RI / Zip: 02910	City: Cranston / State: RI / Zip: 02910

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
None	None
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000	No Par Value		100	common	no par value

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.

[redacted]

FILED KM

FEB 0 1 2021

File Date _____

Check No. _____ BY 6395

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature _____ *Date* 1/25/21

Peter J. D'Allesandro
Print or Type Name

President
Title

Form 630 Rev. 12/05