State of Rhode Island and Providence Plantations
**Department of State – Business Services Division**

STAMP

# 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. Corporate ID No | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 275631 | Lakeside Dental, Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 34 Nooseneck Hill Road | | West Greenwich | RI | 02817 |
| 5. NAICS Code | 5. State of Incorporation | | | |
| 621210 | Rhode Island | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
Dentistry.

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

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| Paul F. Calitri, D.M.D | | | | | |
| Street Address | | | Street Address | | |
| 34 Nooseneck Hill Road | | | | | |
| City | State | Zip | City | State | Zip |
| West Greenwich | RI | 02817 | | | |
| Secretary Name | | | Treasurer Name | | |
| Paul F. Calitri, D.M.D | | | Paul F. Calitri, D.M.D | | |
| Street Address | | | Street Address | | |
| 34 Nooseneck Hill Road | | | 34 Nooseneck Hill Road | | |
| City | State | Zip | City | State | Zip |
| West Greenwich | RI | 02817 | West Greenwich | RI | 02817 |

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

| 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: ("X" BOX FOR ATTACHMENT) ☐

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 1,000 shares common stock of $.01 par value | | |

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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.*

Paul F. Calitri, DMD
*Signature*

1.21.2021
*Date*

Paul F. Calitri, D.M.D.
*Print or Type Name*

President
*Title*

FILED
FEB 01 2021 KM
BY 7799

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040