



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

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.

BY

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1. Entity ID Number 105302		2. Exact name of the Corporation SMITH FAMILY DENTAL ASSOCIATES, INC.			
3. Principal Office Address 2780 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Family Dental			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michelle D. Smith-Goncalves			Vice-President Name None		
Street Address 2780 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Nicole Steckler			Treasurer Name Nicole Steckler		
Street Address 2780 Pawtucket Avenue			Street Address 2780 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michelle D. Smith-Goncalves			Director Name Nicole Steckler		
Street Address 2780 Pawtucket Avenue			Street Address 2780 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name None			Director Name None		
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
200			Common		
			No Par Value		
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 Michelle D. Smith-Goncalves					Date 1/26/2021
Signature of Authorized Representative <i>Michelle D. Smith-Goncalves</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020