



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 04 2021
 BY *[Signature]*

- 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 9360		2. Exact name of the Corporation Dr. Lawrence D. Page					
3. Principal Office Address 31 Elmgrove Avenue			City Providence	State RI	Zip 02906		
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Practice of Dentistry					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name Lawrence D. Page			Vice-President Name				
Street Address 31 Elmgrove Avenue			Street Address				
City Providence	State RI	Zip 02906	City	State	Zip		
Secretary Name Lawrence D. Page			Treasurer Name Lawrence D. Page				
Street Address 31 Elmgrove Avenue			Street Address 31 Elmgrove Avenue				
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
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		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/STRIKES		PAR VALUE	
		300		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 Lawrence D. Page, President					Date 1/21/21		
Signature of Authorized Representative <i>[Signature]</i>							

MAIL TO:
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