



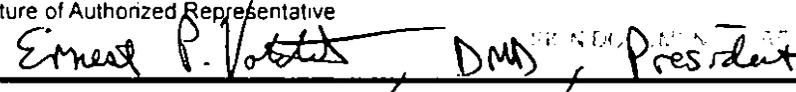
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 10 2021
 BY HW97 DS

- 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 15076 | | 2. Exact name of the Corporation ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC. | | | | |
| 3. Principal Office Address 266 WAYLAND AVENUE | | City PROVIDENCE | | State RI | Zip 02906 | |
| 4. NAICS Code 621210 | | 6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES | | | | |
| 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 ERNEST P. VOTOLATO, D.M.D. | | | Vice-President Name FRANK A. PAZIENZA, D.D.S. | | | |
| Street Address 266 WAYLAND AVENUE | | | Street Address 266 WAYLAND AVENUE | | | |
| City PROVIDENCE | State RI | Zip 02906 | City PROVIDENCE | State RI | Zip 02906 | |
| Secretary Name FRANK A. PAZIENZA, D.D.S. | | | Treasurer Name ERNEST P. VOTOLATO, D.M.D. | | | |
| Street Address 266 WAYLAND AVENUE | | | Street Address 266 WAYLAND 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 ERNEST P. VOTOLATO, D.M.D. | | | Director Name FRANK A. PAZIENZA, D.D.S. | | | |
| Street Address 266 WAYLAND AVENUE | | | Street Address 266 WAYLAND AVENUE | | | |
| City PROVIDENCE | State RI | Zip 02906 | City PROVIDENCE | State RI | Zip 02906 | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. Shares Authorized | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE |
| | | 600 | COMMON | NO PAR | | |
| 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 ERNEST P. VOTOLATO, D.M.D., PRESIDENT | | | | Date 2.4 , 2021 | | |
| 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