



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. <i>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.</i>					
Name of Authorized Representative ERNEST P. VOTOLATO, D.M.D., PRESIDENT				Date 2.4 , 2021	
Signature of Authorized Representative <i>Ernest P. Votolato, D.M.D., President</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov