



State of Rhode Island
 Department of State - Business Services Division

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.

FILED
FEB 10 2021 STAMP
 BY 35300 *DL*

1. Entity ID Number 18620		2. Exact name of the Corporation Oaklawn Family Dental, Inc.			
3. Principal Office Address 1 Lambert Lind Highway			City Warwick	State RI	Zip 02886
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island 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 Edward B. Kaiser, DDS			Vice-President Name None		
Street Address 11 Emilio Drive			Street Address		
City Franklin	State MA	Zip 02038	City	State	Zip
Secretary Name Edward B. Kaiser, DDS			Treasurer Name Edward B. Kaiser, DDS		
Street Address 11 Emilio Drive			Street Address 11 Emilio Drive		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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/SERIES	
		PAR VALUE			
		100	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 Edward B. Kaiser, President				Date 1/27/2021	
Signature of Authorized Representative <i>Kathleen Murray</i>					

MAIL TO:
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