



State of Rhode Island
Department of State - Business Services Division

FILED

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Annual Report for the year: 2021
Corporation

FEB 18 2021

B 1841 OS

- 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 000116844		2 Exact name of the Corporation Kevin P. Hagerty, D.M.D., Professional Corporation			
3 Principal Office Address 61 Cedar Avenue - #5		City East Greenwich		State RI	Zip 02818
4 NAICS Code 621210		6 Brief description of the character of business conducted in Rhode Island To engage in the practice of professional 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 Kevin P. Hagerty, D.M.D.		Vice-President Name			
Street Address 61 Cedar Avenue - #5		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Kevin P. Hagerty, D.M.D.		Treasurer Name Kevin P. Hagerty, D.M.D.			
Street Address 61 Cedar Avenue - #5		Street Address 61 Cedar Avenue - #5			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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			
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 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 Kevin P. Hagerty, D.M.D.				Date 2-14-2021	
Signature of Authorized Representative 					

MAIL TO:
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