



RI SOS Filing Number: 202192113500 Date: 2/17/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

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
STAMP
FEB 17 2021BY 4988 02

1. Entity ID Number 160753		2. Exact name of the Corporation Michael S. Reilly, DDS, LTD.												
3. Principal Office Address 21 Rolfe Square			City Cranston	State RI	Zip 02910									
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentistry												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael S. Reilly			Vice-President Name											
Street Address 21 Rolfe Square			Street Address											
City Cranston	State RI	Zip 02910	City	State	Zip									
Secretary Name Michael S. Reilly			Treasurer Name Michael S. Reilly											
Street Address 21 Rolfe Square			Street Address 21 Rolfe Square											
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Michael S. Reilly			Director Name											
Street Address 21 Rolfe Square			Street Address											
City Cranston	State RI	Zip 02910	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>COMMON</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	COMMON	0.01			
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600	COMMON	0.01												
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 Michael S. Reilly				Date 2/15/21										
Signature of Authorized Representative <i>Michael S. Reilly</i>				SIGN DOCUMENT HERE										

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

FORM 630 - Revised: 10/2017