State of Rhode Island

Department of State - Business Services Division

FILED

FEB 19 2021

B — 34163 DS

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.

1. Entity ID Number	2. Exact name of the Corporation
82390	MELANIE K. DUFOUR-PILNY, D.M.D., INC.

3. Principal Office Address	City	State	Zip
1035 Main Street	Hope Valley	RI	02832

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	Rendering professional services as a dentist.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Melanie K. Dufour-Pilny	
Street Address: 1035 Main Street	Street Address
City: Hope Valley / State: RI / Zip: 02832	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Melanie K. Dufour-Pilny	
Street Address: 1035 Main Street	Street Address
City: Hope Valley / State: RI / Zip: 02832	City / State / Zip
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 ☐

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: Melanie K. Dufour-Pilny

Date: 2-16-21

Signature of Authorized Representative: Melanie K Dufour Pilny

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

FORM 630 - Revised: 08/2020