State of Rhode Island

Department of State - Business Services Division

FILED
FEB 18 2021
BY 13602

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
84997	Patrick J. McGuirk, D.D.S., Inc.

3. Principal Office Address	City	State	Zip
532 Putnam Pike	Greenville	RI	02828

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	PRACTICE OF DENTISTRY
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
Patrick J. MCGuirk	Vacant
Street Address: 532 Putnam Pike	Street Address:
City: Greenville, State: RI, Zip: 02828	City: , State: , Zip:
Secretary Name: Patrick J. McGuirk	Treasurer Name: Patrick J. McGuirk
Street Address: 532 Putnam Pike	Street Address: 532 Putnam Pike
City: Greenville, State: RI, Zip: 02828	City: Greenville, State: RI, Zip: 02828

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

Director Name	Director Name
Patrick J. McGuirk	
Street Address: 532 Putnam Pike	Street Address:
City: Greenville, State: RI, Zip: 02828	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
PATRICK J. MCGUIRK	1/20/2021

Signature of Authorized Representative

Patrick J. McGuirk

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: 08/2020