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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 23 2021
BY 22812 DS
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BY

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
1706955	**Dental RI, P.C.**

3. Principal Office Address	City	State	Zip
1249 Oaklawn Avenue	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	**Dental practice.**
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
Dawn T. Gallucci	
Street Address **1249 Oaklawn Avenue**	Street Address
City **Cranston** / State **RI** / Zip **02920**	City / State / Zip
Secretary Name **Dawn T. Gallucci**	Treasurer Name **Dawn T. Gallucci**
Street Address **1249 Oaklawn Avenue**	Street Address **1249 Oaklawn Avenue**
City **Cranston** / State **RI** / Zip **02920**	City **Cranston** / State **RI** / Zip **02920**

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

Director Name	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

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
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	Date
Dawn T. Gallucci	1/29/21

Signature of Authorized Representative — SIGN DOCUMENT HERE

Dawn Gallucci

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