



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
FEB 23 2021
20812 08
BY

1. Entity ID Number 35047		2. Exact name of the Corporation ASSOCIATES IN ORAL AND MAXILLOFACIAL SURGERY, LTD.			
3. Principal Office Address 30 Chapel View Boulevard, Suite 240			City Cranston	State RI	Zip 02920
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Oral and Maxillofacial surgery			
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 Stephen T. Skoly, Jr.			Vice-President Name		
Street Address 30 Chapel View Boulevard, Suite 240			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Stephen T. Skoly, Jr.			Treasurer Name Stephen T. Skoly, Jr.		
Street Address 30 Chapel View Boulevard, Suite 240			Street Address 30 Chapel View Boulevard, Suite 240		
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 <input type="checkbox"/>
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		300	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 Stephen T. Skoly, Jr.					Date 1-29-2021
Signature of Authorized Representative 					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