



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 23 2021

BY 7523
DS

1. Entity ID Number 63410		2. Exact name of the Corporation Paul J. Matrullo, D.D.S., Ltd.			
3. Principal Office Address 1280 Park Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 561110		6. Brief description of the character of business conducted in Rhode Island General dentistry and to own, rent and lease real estate and property.			
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 Paul J. Matrullo, D.D.S.			Vice-President Name Joseph P. Matrullo		
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Paul J. Matrullo, D.D.S.			Treasurer Name Paul J. Matrullo, D.D.S.		
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue		
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 Paul J. Matrullo, D.D.S.			Director Name		
Street Address 1280 Park Avenue			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.			NUMBER OF SHARES		PAR VALUE
			1,000		No Par Value
			CLASS/SERIES		
			Common		
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 Paul J. Matrullo, DDS				Date 2-3-21	
Signature of Authorized Representative <i>Paul J. Matrullo, DDS</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