



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000011885

2. Name of Corporation Arrowhead Dental Associates Incorporated

3. Street Address Principal Business Office:

No. and Street: 4995 S. COUNTY TRAIL

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: US

4. Business Phone No.

4013646300

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621210

6. Brief Description of the Character of Business Conducted in Rhode Island

DENTISTRY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	BRUCE D GOUIN DMD	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA

SECRETARY	M CHRISTINE BENOIT DMD	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
PRESIDENT	BRUCE D GOUIN DMD	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	M CHRISTINE BENOIT DMD	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
OTHER OFFICER	BRUCE GOUIN GOUIN	4995 S. COUNTY TRAIL CHARLESTOWN, RI 02813 UNI

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	5,000.00	5000

9. 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.

Signed this 2 Day of March, 2021 at 3:24:21 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ANNICK GOUIN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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