

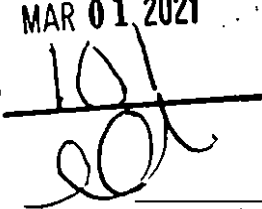


State of Rhode Island

Department of State - Business Services Division

FILED

MAR 01 2021

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 11530		2. Exact name of the Corporation In.Dr. Kenneth Silvestri, D.M.D., Inc.												
3. Principal Office Address 915 Oaklawn Ave.			City Cranston	State RI	Zip 02920									
4. NAICS Code 62121		6. Brief description of the character of business conducted in Rhode Island Practice of Denistry												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Dr. Kenneth D. Silvestri			Vice-President Name Dr. Dawn Gallucci											
Street Address 915 Oaklawn Avenue			Street Address 915 Oaklawn Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Dr. Kenneth D. Silvestri			Treasurer Name Dr. Dawn Gallucci											
Street Address Same as above			Street Address Same as above											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Dr. Kenneth D. Silvestri			Director Name Dr. Dawn Gallucci											
Street Address Same as above			Street Address Same as above											
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 Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	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 Dr. Kenneth D. Silvestri				Date January 25, 2021										
Signature of Authorized Representative 