RI SOS Filing Number: 202193484780 Date: 3/1/2021 4:00:00 PM

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	2. Exact name of the Corporation
11530	m.Dr. Kenneth Silvestri, D.M.D., Inc.

3. Principal Office Address	City	State	Zip
915 Oaklawn Ave.	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62121	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

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
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	Date
Dr. Kenneth D. Silvestri	January 25. 2021

Signature of Authorized Representative

Dr. Kenneth D. Silvestre

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: 08/2020