



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 1 2021

BY 1620

1. Entity ID Number 000897404		2. Exact name of the Corporation Fayez G. Badlissi, DMD, P.C.			
3. Principal Office Address 2 Williams Street			City Providence		State RI
			Zip 02903		
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Periodontal practice			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Fayez G. Badlissi, DMD			Vice-President Name N/A		
Street Address 21 John Westcott Drive			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Fayez G. Badlissi, DMD			Treasurer Name Fayez G. Badlissi, DMD		
Street Address 21 John Westcott Drive			Street Address 21 John Westcott Drive		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Fayez G. Badlissi, DMD			Director Name		
Street Address 21 John Westcott Drive			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 FAYEZ BADLISSI				Date 2-8-21	
Signature of Authorized Representative <i>Fayez Badlissi</i>					

MAIL TO:

Division of Business Services

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