State of Rhode Island

Department of State - Business Services Division

FILED

MAR 1 2021

BY R 1620

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
000897404	Fayez G. Badlissi, DMD, P.C.

3. Principal Office Address	City	State	Zip
2 Williams Street	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	Periodontal practice
5. State of Incorporation	
Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Fayez G. Badlissi, DMD	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	Director Name
Fayez G. Badlissi, DMD	
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

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
100	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
FAYEZ BADLISSI	2-8-21

Signature of Authorized Representative: Fayez Badlissi

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020