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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 1 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			
001693271	Oceanside Family Dentistry, P.C.			
3. Principal Office Address		City	State	Zip
97 West Main Road		Middletown	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621210	General dentistry and to carry on and transact any such ancillary or related services necessary or incidental thereto			
5. State of Incorporation				
Rhode Island				

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

President Name: P. Hakan Durudogan			Vice-President Name:		
Street Address: 97 West Main Road			Street Address:		
City: Middletown	State: RI	Zip: 02842	City:	State:	Zip:
Secretary Name: P. Hakan Durudogan			Treasurer Name: P. Hakan Durudogan		
Street Address: 97 West Main Road			Street Address: 97 West Main Road		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842

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

Director Name:			Director Name:		
Street Address:			Street Address:		
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
1,000	Common	None

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
P. Hakan Durudogan	2-18-21
Signature of Authorized Representative	

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

2022

FORM 630 - Revised: 08/2020