



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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1. Entity ID Number 795103		2. Exact name of the Corporation SARAH EAGER, D.D.S., P.C.			
3. Principal Office Address 600 WAMPANOAG TRAIL, SUITE A			City RIVERSIDE	State RI	Zip 02916
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SARAH EAGER, D.D.S.			Vice-President Name		
Street Address 600 WAMPANOAG TRAIL, SUITE A			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name SARAH EAGER, D.D.S.			Treasurer Name SARAH EAGER, D.D.S.		
Street Address 600 WAMPANOAG TRAIL, SUITE A			Street Address 600 WAMPANOAG TRAIL, SUITE A		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	COMMON	\$.01
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 SARAH EAGER, D.D.S.					Date 2/24/21
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