RI SOS Filing Number: 202194686660 Date: 3/17/2021 4:00:00 PM

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

MAR 17 2021
BY 13553 DS

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			
17510	WARREN DENTAL ASSOCIATES, INC.			
3. Principal Office Address: 634 Main Street		City: Warren	State: RI	Zip: 02885
4. NAICS Code: 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island: Dental services to the public.			
5. State of Incorporation: Rhode Island				

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

President Name: John F. Kerwin			Vice-President Name: Theodore Drummond		
Street Address: 634 Main Street			Street Address: 634 Main Street		
City: Warren	State: RI	Zip: 02885	City: Warren	State: RI	Zip: 02885
Secretary Name: Cathie V. Kerwin			Treasurer Name: John F. Kerwin		
Street Address: 634 Main Street			Street Address: 634 Main Street		
City: Warren	State: RI	Zip: 02885	City: Warren	State: RI	Zip: 02885

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

Director Name: John F. Kerwin			Director Name: Theodore Drummond		
Street Address: 634 Main Street			Street Address: 634 Main Street		
City: Warren	State: RI	Zip: 02885	City: Warren	State: RI	Zip: 02885
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
John F. Kerwin	3-9-21

Signature of Authorized Representative: John F. Kerwin

SIGN DOCUMENT HERE

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: 02/2017