



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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R.I. DEPT. OF STATE
BUS. SVCS DIV.

STAMP

2021 MAR 19 P 12:52

1. Entity ID Number 17095		2. Exact name of the Corporation Dr. Barbara M. Bilder, Inc.			
3. Principal Office Address 116 Wayland Avenue			City Providence	State RI	Zip 02906
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentistry specializing in Prosthodontics			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Barbara M. Bilder, D.M.D.			Vice-President Name NONE		
Street Address 116 Wayland Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Barbara M. Bilder, D.M.D.			Treasurer Name Barbara M. Bilder, D.M.D.		
Street Address 116 Wayland Avenue			Street Address 116 Wayland Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Barbara M. Bilder, D.M.D.			Director Name NONE		
Street Address 116 Wayland Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name NONE			Director Name NONE		
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 204	CLASS/SERIES Common	PAR VALUE No Par Value
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 Barbara M. Bilder, D.M.D.				Date 2/21/21	
Signature of Authorized Representative <i>Barbara M. Bilder</i>				SIGN DOCUMENT HERE FILED	

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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BY *CA# 6307*

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FORM 630 - Revised: 10/2017