



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 APR -5 AM 9:57

1. Entity ID Number 001692054		2. Exact name of the Corporation Martha L. Neely, DMD, PC			
3. Principal Office Address 60 Sagamore Street		City Revere		State MA	Zip 02151
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Provides orthodontics services, professional dentistry			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha L. Neely			Vice-President Name None		
Street Address 60 Sagamore Street			Street Address		
City Revere	State MA	Zip 02151	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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		CLASS/SERIES	PAR VALUE
		100			0
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 Martha L. Neely				Date 04/01/2021	
Signature of Authorized Representative 		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em;">9:53</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="font-size: 1.2em; font-weight: bold;">APR 05 2021</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="font-size: 1.5em; font-weight: bold;">BY </div> <div style="font-size: 2em; font-weight: bold; margin-left: 10px;">22159</div> </div>			