



State of Rhode Island
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.

FILED

APR 14 2021

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1. Entity ID Number 000909162		2. Exact name of the Corporation ANTHONY MICHAEL PAOLUCCI, D.M.D., P.C.			
3. Principal Office Address 1545 Smith Street		City North Providence		State RI	Zip 02110
4. NAICS Code 621100		6. Brief description of the character of business conducted in Rhode Island Engaged in the practice of dentistry and dental 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 Anthony M. Paolucci, D.M.D.			Vice-President Name Anthony M. Paolucci, D.M.D.		
Street Address 65 East India Row, Apt 25B 80 Broad St, Apt 307			Street Address 65 East India Row, Apt 25B 80 Broad St, Apt 307		
City Boston	State MA	Zip 02908	City Boston	State MA	Zip 02908
Secretary Name Anthony M. Paolucci, D.M.D.			Treasurer Name Anthony M. Paolucci, D.M.D.		
Street Address 65 East India Row, Apt 25B 80 Broad St, Apt 307			Street Address 65 East India Row, Apt 25B 80 Broad St, Apt 307		
City Boston	State MA	Zip 02908	City Boston	State MA	Zip 02908
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		CLASS/SERIES
			2000		Common
			PAR VALUE		\$1.00/Share
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 Anthony M. Paolucci, D.M.D.					Date 4/7/2021
Signature of Authorized Representative 					

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