



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 21 2021
BY *FS/28*
SECRETARY OF STATE

1. Entity ID Number 000057434		2. Exact name of the Corporation THE FAMILY DENTIST, MICHELE GENDRON SILER, D.D.S. <i>wagner</i>			
3. Principal Office Address 480 BROADWAY			City PAWTUCKET	State RI	Zip 02860 <i>DOS</i>
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island DENTAL OFFICE <i>JTC</i>			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHELE GENDRON SILER			Vice-President Name MICHELE GENDRON SILER		
Street Address 687 NATE WHIPPLE HIGHWAY			Street Address 687 NATE WHIPPLE HIGHWAY		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name MICHELE GENDRON SILER			Treasurer Name MICHELE GENDRON SILER		
Street Address 687 NATE WHIPPLE HIGHWAY			Street Address 687 NATE WHIPPLE HIGHWAY		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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			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
			1,000.00	CNP	0.00
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 MICHELE GENDRON SILER				Date 04/15/2021	
Signature of Authorized Representative <i>Michele Gendron Siler</i>					

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