

Annual Report for the year: 2020 ______ Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

 \rightarrow Penalty: Additional \$25.00 fee if form is not filed by December 1.

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Entity ID Number 2. Exact name of the Limited Liability Company							
001686313	Chan Orthode	ontic Dentistry, I	LC				
3 NIAIOS Code	4. Brief description of the character of business conducted in Rhode Island						
621210 Ass Pediatric Dentistry							
5 State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
2359 Mendon Road			Cumberland	RI	02864		
7. Mailing Address of Limited Lia	bility Company	and Name or Title	e of Contact Person				
Contact Name William B. Chan			Contact Title President and Treasurer of the Company				
Street Address 2359 Mendon Ro	ad		City Cumberland	State RI	^{Zip} 02864		
8. List ALL managers (names a	nd addresses) o	of the Limited Liab	oility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS		
Manager Name	,		Manager Name				
Street Address	<u> </u>	·	Street Address				
City	St. ,		lity	Stale	Zip		
Manager Name	<u> </u>		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u></u>		<u> </u>	Check the box to	indicate an attachment		
9. Resident Agent in Rhode Isla	nd. This informat	ion is currently of re	ecord with the Department of Sta	ate. Changes require fili	ng Form 642.		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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 Person	Date 4/1/2	2021					
William B. Chan			/ / / 9				
Signature of Authorized Person	- Cha	SIGN DO	OCUMENT 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