



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000159365

2. Name of Corporation Peter U. Wolff, D.M.D., PC

3. Street Address Principal Business Office:

No. and Street: 100 PHILLIPS ROAD

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621210

6. Brief Description of the Character of Business Conducted in Rhode Island

DENTAL SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER U. WOLFF DMD	2580 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 USA
SECRETARY	PETER U. WOLFF DMD	2580 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 USA
PRESIDENT	PETER U WOLFF DMD	2580 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818- USA
VICE PRESIDENT	PETER U. WOLFF DMD	2580 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 USA

DIRECTOR	PETER U. WOLFF DMD	2580 SQUATH COUNTY TRAIL EAST GREENWICH, RI 02818 USA
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8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	1,000.00	100

9. 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.

Signed this 7 Day of May, 2021 at 10:10:50 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOEL K. GERSTENBLATT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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