



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY 27 P 1:46

1. Entity ID Number 000485316		2. Exact name of the Corporation FRANK A. DEQUATTRO, D.M.D. PC	
3. Principal Office Address 24 SALT POND ROAD, SUITE C-1		City WAKEFIELD	State RI
		Zip 02879	
4. NAICS Code 548021	6. Brief description of the character of business conducted in Rhode Island ORTHODONTIST DENTAL SERVICES LIMITED TO THE SPECIALTY OF ORTHODONTICS.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANK A. DEQUATTRO DMD		Vice-President Name FRANK A. DEQUATTRO DMD	
Street Address 24 SALT POND ROAD, SUITE C-1		Street Address 24 SALT POND ROAD, SUITE C-1	
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD
			State RI
			Zip 02879
Secretary Name FRANK A. DEQUATTRO DMD		Treasurer Name FRANK A. DEQUATTRO DMD	
Street Address 24 SALT POND ROAD, SUITE C-1		Street Address 24 SALT POND ROAD, SUITE C-1	
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD
			State RI
			Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANK A. DEQUATTRO DMD		Director Name	
Street Address 24 SALT POND ROAD, SUITE C-1		Street Address	
City WAKEFIELD	State RI	Zip 02879	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
		1000	STK
			PAR VALUE
			.01
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 J MARTONE JR			Date 05-27-2021
Signature of Authorized Representative 			

FILED ✓

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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