



State of Rhode Island

Department of State - Business Services Division

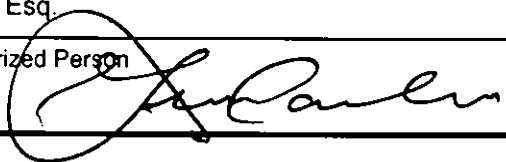
FILEDAnnual Report for the year: **2021****Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

SEP 10 2021
BY SILVO
JOH

1. Entity ID Number 000144853		2. Exact name of the Limited Liability Company JAMIE ITALIANE-DECUBELLIS, DDS AND ASSOCIATES, LLC			
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island to engage in the practice of dentistry			
5. State of Formation RI					
6. Principal Office Address 325 South Main Street		City Coventry		State RI	Zip 02816
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jamie Italiane-Decubellis			Contact Title Authorized Person		
Street Address 31 Deer Run Drive			City West Greenwich	State RI	Zip 02817
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Gene M. Carlino, Esq.				Date 8/31/2021	
Signature of Authorized Person 					

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov