

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual 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.

	STAMP
	NOV 2 4 2021
BY_	

Entity ID Number 2. Exact name of the Limited Liability Company							
506680	Children's Dentistry of Westerly, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
5 state of Fondation and	The practice of dentistry specializing in pediatric dentistry						
Ris — — — — — — — — — — — — — — — — — — —							
6. Principal Office Address	-		City	State	Zip		
130 Granite Street			Westerly	RI	02891		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Anna Capalbo			Contact Title Member				
Stroot Address 130 Granite Stree	t		City Westerly	State RI	^{Z/p} 02891		
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	Zlp	City	State	Zip		
Manager Name		<u> </u>	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in	dicate an attachment		
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 deciare 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					1		
Anna Capalbo		1/202)					
Signature of Authorized Person SIGN DOCUMENT 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