



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2022**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
 FOR SECRETARY OF STATE USE ONLY
MAR 07 2022
 BY *1228 DS*

1. Entity ID Number <i>60418</i>		2. Exact name of the Corporation William B. Chan, D.M.D., Inc.			
3. Principal Office Address 2359 Mendon Road		City Cumberland		State RI	Zip 02864
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Pediatric Dentistry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William B. Chan			Vice-President Name NONE		
Street Address 2359 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name William B. Chan			Treasurer Name William B. Chan		
Street Address 2359 Mendon Road			Street Address 2359 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William B. Chan			Director Name		
Street Address 2359 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	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
			100		Common
					PAR VALUE
					No Par Value
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 William B. Chan					Date 2/6/2022
Signature of Authorized Representative <i>William B. Chan</i>					SIGN DOCUMENT HERE