RI SOS Filing Number: 202217473800 Date: 5/18/2022 4:00:00 PM

State of Rhode Island a	and Providence	Plantations					
Department of S			s Division				
Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00				MAY 1	ED 9 2022	STAMP	
→ Penalty: Additional \$25.00	fee if form is r	ot filed by Decen	nber 1.	BY)	MUZ	, (
1. Entity ID Number 506680	2. Exact name of the Limited Liability Company Children's Dentistry of Westerly, LLC))	
3. NAICS Code 54 Professional Scientific, and 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island The practice of dentistry specializing in pediatric dentistry						
6. Principal Office Address 130 Granite Street			City Westerly	State RI		Zip 02891	
7. Mailing Address of Limited Lia	ibility Company	and Name or Title					
Contact Name Anna Capalbo			Contact Title Member				
Street Address 130 Granite Street			City Westerly	State	- RI	^{Zip} 02891	
8. List ALL managers (names a	nd addresses) (of the Limited Liabi	lity Company, IF APPLIC	ABLE - DO NOT	LIST ME	MBERS	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State		Zıp	
Manager Name			Manager Name				
Street Address			Street Address				
City	Stale	Zip	City	State		Zip	
	<u> </u>		·	Cneck the is	ox to mai	cate an attachment	
9. Resident Agent in Rhode Islai	nd, This informati	on is currently of rec	ord with the Department of	State. Changes req	uire filing F	orm 642.	
Under penalty of perjury, I dec statements, and that all staten				ding any accomp	anying s	chedules and	
Name of Authorized Person							

SIGN DOCUMENT HERE

MAIL TO:

Anna Capalbo

Division of Business Services

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri gov 5-9-2022