



State of Rhode Island
 Department of State - Business Services Division

FILED
STAMP
 JAN 31 2023
 BY 16555
 KS

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000057434		2. Exact name of the Corporation THE FAMILY DENTIST, INC.			
3. Principal Office Address 480 BROADWAY		City PAWTUCKET	State RI	Zip 02860	
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island DENTAL OFFICE				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHELE GENDRON SILER		Vice-President Name MICHELE GENDRON SILER			
Street Address 687 NATE WHIPPLE HIGHWAY		Street Address 687 NATE WHIPPLE HIGHWAY			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name MICHELE GENDRON SILER		Treasurer Name MICHELE GENDRON SILER			
Street Address 687 NATE WHIPPLE HIGHWAY		Street Address 687 NATE WHIPPLE HIGHWAY			
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 NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	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/SLIP(S)	PAR VALUE
			1,000.00	CNP	0.00
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 MICHELE GENDRON SILER				Date 01/09/2023	
Signature of Authorized Representative <i>Michele Gendron Siler</i>					

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