



State of Rhode Island

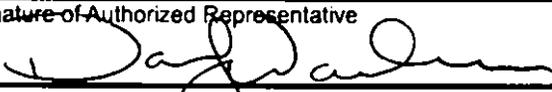
Department of State - Business Services Division

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.

FILED STAMP

FEB 14 2023
BY 1334
OS

1. Entity ID Number 80907		2. Exact name of the Corporation David J. Ward, D.M.D., P.C.			
3. Principal Office Address 535 Reservoir Road		City Pascoag		State RI	Zip 02859
4. NAICS Code 62 1111		6. Brief description of the character of business conducted in Rhode Island General Practice of 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 David J. Ward, D.M.D.			Vice-President Name David J. Ward, D.M.D.		
Street Address 535 Reservoir Road			Street Address 535 Reservoir Road		
City Pascoag		State RI	Zip 02859	City Pascoag	
State RI		Zip 02859		State RI	
Zip 02859		City Pascoag			
Secretary Name David J. Ward, D.M.D.			Treasurer Name David J. Ward, D.M.D.		
Street Address 535 Reservoir Road			Street Address 535 Reservoir Road		
City Pascoag		State RI	Zip 02859	City Pascoag	
State RI		Zip 02859		State RI	
Zip 02859		City Pascoag			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. Ward, D.M.D.			Director Name		
Street Address 535 Reservoir Road			Street Address		
City Bristol		State RI	Zip 02859	City	
State RI		Zip 02859		State	
Zip 02859		City			
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
9. Shares Authorized 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	PAR VALUE
			100	Common	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 David J. Ward, D.M.D.				Date 2/2/2023	
Signature of Authorized Representative 					

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