



State of Rhode Island  
Department of State - Business Services Division

FILED 1

Annual Report for the year: 2023  
Corporation

FEB 14 2023

BY 1325 OS

- 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 <u>000014212</u>		2. Exact name of the Corporation <u>LAWRENCE P. STEPHENSON DDS LTD.</u>			
3. Principal Office Address <u>1826 MINERAL SPRING AVE</u>		City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>	
4. NAICS Code <u>621210</u>		6. Brief description of the character of business conducted in Rhode Island <u>DENTAL SERVICES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>LAWRENCE P. STEPHENSON</u>			Vice-President Name		
Street Address <u>1826 MINERAL SPRING AVE</u>			Street Address		
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>LAWRENCE P. STEPHENSON</u>			Director Name		
Street Address <u>1826 MSA</u>			Street Address		
City <u>NO. PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>190</u>		CLASS SERIES	PWR VALUE <u>0</u>
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. <i>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.</i>					
Name of Authorized Representative <u>LAWRENCE P. STEPHENSON</u>				Date <u>7 FEB 23</u>	
Signature of Authorized Representative 					

MAIL TO:  
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