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

Annual Report for the year: 2023
Corporation

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

FEB 23 2023
1594.02

1. Entity ID Number	2. Exact name of the Corporation		
117345	**Stephen J. Puerini, D.M.D. & Steven J. Saccoccio, D.M.D. Professional**		
3. Principal Office Address: **115 Budlong Road**	City: **Cranston**	State: **RI**	Zip: **02920**
4. NAICS Code: **621210**	6. Brief description of the character of business conducted in Rhode Island: **To operate a dental practice.**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Steven J. Saccoccio, D.M.D.**			Vice-President Name: **Stephen J. Puerini, Jr., D.M.D.**		
Street Address: **45 Surrey Drive**			Street Address: **56 Ocean Avenue**		
City: **Cranston**	State: **RI**	Zip: **02920**	City: **Jamestown**	State: **RI**	Zip: **02835**
Secretary Name: **Steven J. Saccoccio, D.M.D.**			Treasurer Name: **Stephen J. Puerini, Jr., D.M.D.**		
Street Address: **45 Surrey Drive**			Street Address: **56 Ocean Avenue**		
City: **Cranston**	State: **RI**	Zip: **02920**	City: **Jamestown**	State: **RI**	Zip: **02835**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Steven J. Saccoccio, D.M.D.**			Director Name: **Stephen J. Puerini, Jr., D.M.D.**		
Street Address: **45 Surrey Drive**			Street Address: **56 Ocean Avenue**		
City: **Cranston**	State: **RI**	Zip: **02920**	City: **Jamestown**	State: **RI**	Zip: **02835**
Director Name: **None**			Director Name: **None**		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	**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	Date
Steven J. Saccoccio, D.M.D.	2-9-23

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017