



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 27 2023

BY 1579
RS

- 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 788129		2. Exact name of the Corporation Dental Solutions, Inc.			
3. Principal Office Address 556 Armistice Boulevard			City Pawtucket	State RI	Zip 02861
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island general 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 Miguel A. Roca, DMD			Vice-President Name		
Street Address 556 Armistice Boulevard			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Miguel A. Roca, DMD			Treasurer Name Miguel A. Roca, DMD		
Street Address 556 Armistice Boulevard			Street Address 556 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name			Director Name		
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 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.			10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE 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 Miguel A. Roca, DMD, President				Date 2/21/23	
Signature of Authorized Representative 					

MAIL TO:
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