



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
MAR 02 2023
 BY *[Signature]*

1. Entity ID Number 110218		2. Exact name of the Corporation Danish & O'Laughlin, D.D.S. & Associates, Inc.			
3. Principal Office Address 400 Bald Hill Road			City Warwick	State RI	Zip 02886
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of dentistry and to own and operate a dental office for the purpose of providing dental care and treatment.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name David J. O'Laughlin, D.D.S.			Vice-President Name Caroline M. Danish, D.D.S.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name David J. O'Laughlin, D.D.S.			Treasurer Name Caroline M. Danish, D.D.S.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. O'Laughlin, D.D.S.			Director Name Caroline M. Danish, D.D.S.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name None			Director Name None		
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 David J. O'Laughlin, D.D.S.				Date February 22, 2023	
Signature of Authorized Representative <i>David J. O'Laughlin DDS</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