



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
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

MAR 06 2023

BY 3909

|   |                    |   |   |                    |                       |
|---|--------------------|---|---|--------------------|-----------------------|
| 1. Entity ID Number<br><b>82390</b>   |                    | 2. Exact name of the Corporation<br><b>Melanie K. Dufour-Pilny, DMD, Inc.</b> |   |                    |                       |
| 3. Principal Office Address<br><b>1035 Main St.</b>   |                    |   | City<br><b>Hope Valley</b>  | State<br><b>RI</b> | Zip<br><b>02832</b>   |
| 4. NAICS Code<br><b>621210</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island   |   |                    |                       |
| 5. State of Incorporation<br><b>RI</b>  |                    |   |   |                    |                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                       |
| President Name<br><b>Melanie K. Dufour-Pilny, DMD</b>   |                    |   | Vice-President Name   |                    |                       |
| Street Address<br><b>1035 Main St.</b>  |                    |   | Street Address  |                    |                       |
| City<br><b>Hope Valley</b>  | State<br><b>RI</b> | Zip<br><b>02832</b>   | 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<br><b>Melanie K. Dufour-Pilny, DMD</b>  |                    |   | Director Name   |                    |                       |
| Street Address<br><b>1035 Main St.</b>  |                    |   | Street Address  |                    |                       |
| City<br><b>Hope Valley</b>  | State<br><b>RI</b> | Zip<br><b>02832</b>   | 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.<br><br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES  |                    |                       |
|   |                    |   | CLASS/SERIES  |                    |                       |
|   |                    |   | 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<br><b>MELANIE K. DUFOUR-PILNY</b>   |                    |   |   |                    | Date<br><b>3-2-23</b> |
| Signature of Authorized Representative<br><i>Melanie K. Dufour-Pilny</i>  |                    |   |   |                    |                       |