



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 FEB 10 A 10:39

1. Entity ID Number 140107		2. Exact name of the Corporation AQUIDNECK DENTAL, INC.			
3. Principal Office Address 21 KING CHARLES DRIVE		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island PRACTICE OF GENERAL AND COSMETIC 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 AUGUSTUS NOGUEIRA, JR.		Vice-President Name AUGUSTUS NOGUEIRA, JR.			
Street Address 21 KING CHARLES DRIVE		Street Address 21 KING CHARLES DRIVE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name AUGUSTUS NOGUEIRA, JR.		Treasurer Name AUGUSTUS NOGUEIRA, JR.			
Street Address 21 KING CHARLES DRIVE		Street Address 21 KING CHARLES DRIVE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE		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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NO PAR
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. <b>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.</b>					
Name of Authorized Representative AUGUSTUS NOGUEIRA, JR.				Date 2/3/2023	
Signature of Authorized Representative 				FILED FEB 10 2023 BY HEP 38 ML	

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