



State of Rhode Island
Department of State - Business Services Division

MAR 10 2023

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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.

1. Entity ID Number 001666224		2. Exact name of the Corporation PAOLUCCI, LINCOLN DENTAL ASSOCIATES, PC			
3. Principal Office Address 6 Blackstone Valley Place, Suite 501			City Lincoln	State RI	Zip 02865
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Engaged in the practice of dentistry and dental services			
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 Mark Louis Paolucci, D.M.D.			Vice-President Name Mark Louis Paolucci, D.M.D.		
Street Address 197 Eighth Street, Unit 426			Street Address 197 Eighth Street, Unit 426		
City Boston	State MA	Zip 02129	City Boston	State MA	Zip 02129
Secretary Name Mark Louis Paolucci, D.M.D.			Treasurer Name Mark Louis Paolucci, D.M.D.		
Street Address 197 Eighth Street, Unit 426			Street Address 197 Eighth Street, Unit 426		
City Boston	State MA	Zip 02129	City Boston	State MA	Zip 02129
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	Common	\$1.00/share	
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 <i>Mark Paolucci</i>				Date 3/2/2023	
Signature of Authorized Representative <i>Mark Paolucci</i>					