**State of Rhode Island**
**Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Fee: $50.00**

## Limited Liability Company Annual Report

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. ID No.** 001747436

**2. Exact Name of the Limited Liability Company** The TeleDentists of Rhode Island, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621210

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TELEHEALTH FOR DENTISTRY

**5. Principal Office Address**

No. and Street: 9713 PALMA VISTA WAY
City or Town: BOCA RATON State: FL Zip: 33428 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MICHAEL SIGLER Contact Title:
No. and Street: 14309 KING STREET
City or Town: OVERLAND PARK State: KS Zip: 66221 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST

PROVIDENCE , RI 02914

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 16 Day of March, 2023 at 11:19:10 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL SIGLER
Signature of Authorized Person

Form No. 632
Revised 09/07

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