



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001716695

2. Name of Corporation Children's Dental Surgical Center of Rhode Island

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

621493

4. Principal Office Address

No. and Street: 875 CENTERVILLE RD
BUILDING 4, SUITE 12

City or Town: WARWICK State: RI Zip: 02886 Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE DENTAL SERVICES AND PROCEDURES FOR INDIVIDUALS, WITH AN EMPHASIS ON PEDIATRIC, SPECIAL-NEEDS, AND LOW-INCOME PATIENTS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JOHN KIANG	875 CENTERVILLE ROAD, BLDG 4, STE. 12 WARWICK, RI 02886 USA
DIRECTOR	STEVEN BROWN	875 CENTERVILLE ROAD, BLDG 4, STE. 12 WARWICK, RI 02886 USA
DIRECTOR	CHRISTY DURANT	875 CENTERVILLE ROAD, BLDG 4, STE. 12 WARWICK, RI 02886 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CHRISTY DURANT 875 CENTERVILLE ROAD BUILDING 4, SUITE 12 WARWICK , RI 02886

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of March, 2023 at 4:41:26 PM 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 § 7-6.*

By CHRISTY DURANT
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved