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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2023 MAR 29 A 10:52

1. Entity ID Number	2. Exact name of the Corporation			
675515	Dr. Napolitano, Inc.			
3. Principal Office Address		City	State	Zip
915 Oaklawn Avenue		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621210	To maintain and operate a Dental Practice.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Christopher Napolitano, D.D.S.			Vice-President Name: NONE		
Street Address: 915 Oaklawn Avenue			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: Christopher Napolitano, D.D.S.			Treasurer Name: Christopher Napolitano, D.D.S.		
Street Address: 915 Oaklawn Avenue			Street Address: 915 Oaklawn Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Christopher Napolitano, D.D.S.			Director Name: NONE		
Street Address: 915 Oaklawn Avenue			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

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	0.01

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	Date
Christopher Napolitano, D.D.S., President	3/15/2023

Signature of Authorized Representative: Christopher Napolitano, DDS

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MAR 29 2023
BY 6741

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

FORM 630 - Revised: 11/2021