



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

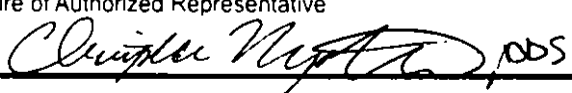
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
STATE DEPT. OF STATE
MAR 24 2023

1. Entity ID Number 675515		2. Exact name of the Corporation Dr. Napolitano, Inc.		7023 MAR 24 AM 10:52										
3. Principal Office Address 915 Oaklawn Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island 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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>FAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIALS	FAR VALUE	100	Common	0.01			
			NUMBER OF SHARES	CLASS/SERIALS	FAR 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 Christopher Napolitano, D.D.S., President				Date 3/15/2023										
Signature of Authorized Representative 				FILED 1052 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