



State of Rhode Island
Department of State - Business Services Division

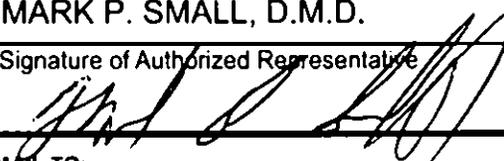
FILED

Annual Report for the year: 2023
Corporation

APR 12 2023

BY 7909


- 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 116106		2. Exact name of the Corporation Mark P. Small, D.M.D., Inc.			
3. Principal Office Address 1090 NEW LONDON AVENUE, UNIT 2			City CRANSTON	State RI	Zip 02920
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF DENTISTRY.			
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 P. SMALL, D.M.D.			Vice-President Name MARK P. SMALL, D.M.D.		
Street Address 1090 NEW LONDON AVENUE, UNIT 2			Street Address 1090 NEW LONDON AVENUE, UNIT 2		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name MARK P. SMALL, D.M.D.			Treasurer Name MARK P. SMALL, D.M.D.		
Street Address 1090 NEW LONDON AVENUE, UNIT 2			Street Address 1090 NEW LONDON AVENUE, UNIT 2		
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 <input type="checkbox"/>					
Director Name MARK P. SMALL, D.M.D.			Director Name		
Street Address 1090 NEW LONDON AVENUE, UNIT 2			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIFS
			100		COMMON
			PAR VALUE		\$0.00
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 MARK P. SMALL, D.M.D.					Date 4/9/23
Signature of Authorized Representative 					

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