



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

APR 21 2023

*Handwritten signature/initials*

- 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 <b>001693271</b>		2. Exact name of the Corporation <b>Oceanside Family Dentistry, P.C.</b>			
3. Principal Office Address <b>97 West Main Road</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>General dentistry and to carry on and transact any such ancillary or related services necessary or incidental thereto</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>P. Hakan Durudogan</b>			Vice-President Name <b>N/A</b>		
Street Address <b>97 West Main Road</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name <b>P. Hakan Durudogan</b>			Treasurer Name <b>P. Hakan Durudogan</b>		
Street Address <b>97 West Main Road</b>			Street Address <b>97 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common	
				PAR VA. UF None	
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. <b>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.</b>					
Name of Authorized Representative <b>P. Hakan Durudogan</b>				Date <b>4-9-23</b>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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

*Handwritten initials*