



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 001693271		2. Exact name of the Corporation Oceanside Family Dentistry, P.C.			
3. Principal Office Address 97 West Main Road			City Middletown	State RI	Zip 02842
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island General dentistry and to carry on and transact any such ancillary or related services necessary or incidental thereto			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name P. Hakan Durudogan			Vice-President Name N/A		
Street Address 97 West Main Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name P. Hakan Durudogan			Treasurer Name P. Hakan Durudogan		
Street Address 97 West Main Road			Street Address 97 West Main Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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 P. Hakan Durudogan				Date 4-9-23	
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*