



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.

FILED

JUL 13 2023

BY

2104

ES

1. Entity ID Number 1732969		2. Exact name of the Corporation MENDON DENTAL ASSOCIATES PC			
3. Principal Office Address 3231 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island DENTAL OFFICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL ACCAUI			Vice-President Name		
Street Address 3231 MENDON ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			0 0		
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 MICHAEL ACCAUI					Date 7/9/23
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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