



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

JAN 18 2024
 17431 *o*

- 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 105302		2. Exact name of the Corporation SMITH FAMILY DENTAL ASSOCIATES, INC.			
3. Principal Office Address 2780 Pawtucket Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island Family Dental				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle D. Smith-Goncalves			Vice-President Name None		
Street Address 2780 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Michelle D. Smith-Goncalves			Treasurer Name Michelle D. Smith-Goncalves		
Street Address 2780 Pawtucket Avenue			Street Address 2780 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michelle D. Smith-Goncalves			Director Name None		
Street Address 2780 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
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 200	CLASS/SLRILS Common	PAR VALUE No Par Value
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 Michelle D. Smith-Goncalves				Date 1-9-2024	
Signature of Authorized Representative <i>* M D Goncalves</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov