RI SOS Filing Number: 202444519690 Date: 1/22/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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2024 JAN 22 A 11:39

1. Entity ID Number	2. Exact name of the Corporation			
1758813	**Wave Dental, P.C.**			
3. Principal Office Address		City	State	Zip
35 Veterans Memorial Drive		**Warwick**	**RI**	**02886**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621210	**general dentistry**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Benjamin D. Roberts, DMD					
Street Address			Street Address		
35 Veterans Memorial Drive					
City	State	Zip	City	State	Zip
Warwick	**RI**	**02886**			
Secretary Name			Treasurer Name		
Benjamin D. Roberts, DMD			**Benjamin D. Roberts, DMD**		
Street Address			Street Address		
35 Veterans Memorial Drive			**35 Veterans Memorial Drive**		
City	State	Zip	City	State	Zip
Warwick	**RI**	**02886**	**Warwick**	**RI**	**02886**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common Shares**	**0.01**

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		Date
Benjamin D. Roberts, DMD	FILED 1139	1/16/2024
Signature of Authorized Representative	JAN 22 2024	
BDR DMD, President	BY SO	

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