

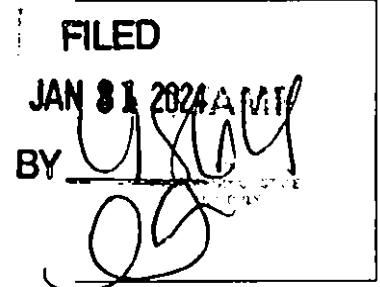


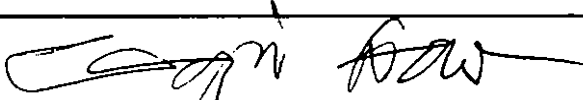
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Limited Liability Company

- 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>164523</b>		2. Exact name of the Limited Liability Company <b>MAY D. GAO, DMD, MS, LLC</b>	
3. NAICS Code <b>621210</b>		4. Brief description of the character of business conducted in Rhode Island <b>Operation of a dental practice.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>1050 Main Street</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>May D. Gao, DMD</b>		Contact Title <b>Member</b>	
Street Address <b>1050 Main Street</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <b>May D. Gao, DMD</b>		Date <b>1/24/2024</b>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)