



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.

FILED
STAMP
FEB 09 2024
BY 5399
DS

1. Entity ID Number 001718730		2. Exact name of the Limited Liability Company AMP DENTAL GROUP, LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 1545 SMITH STREET		City NORTH PROVIDENCE	State RI
Zip 02911			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANTHONY M. PAOLUCCI		Contact Title MEMBER	
Street Address 1545 SMITH STREET		City NORTH PROVIDENCE	State RI
Zip 02911			
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 ANTHONY M. PAOLUCCI			Date 2/1/24
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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