RI SOS Filing Number: 202446454890 Date: 2/9/2024 4:00:00 PM



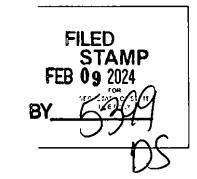
State of Rhode Island **Department of State - Business Services Division**

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	2. Exact name of the Limited Liability Company			
001718730	AMP DENTAL GROUP, LLC			
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE			
5. State of Formation RHODE ISLAND	1			
6. Principal Office Address	.1	City	State	Zip
1545 SMITH STREET		NORTH PROVIDENCE	RI	02911
7. Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person		-1
Contact Name ANTHONY M. PAOLUCCI		Contact Title MEMBER		
Street Address 1545 SMITH STREET		City NORTH PROVIDEN	State	^{Zip} 02911
8. The Resident Agent informati	on currently of record with the RI (Department of State is accurate. Cl	hanges require	filing Form 642.
	declare and affirm that I have ex ments contained herein are true	amined this report, including an and correct.	y accompanyir I	ng schedules and
Name of Authorized Person ANTHONY M. PAOLUCCI			Date 2 1 24	
Signature of Authorized Person	Paul :		• • •	1

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov