



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

**Annual Report for the year: 2023
Corporation**

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVC.

2024 FEB 14 P 1:55

STAMP

FOR SECRETARY OF STATE USE ONLY

REC'D RIDOS BSD
28 NOV 2023 AM 11:43:19

1. Entity ID Number 000012431		2. Exact name of the Corporation East Greenwich Dental Associates, Inc.			
3. Principal Office Address 4575 Post Road		City East Greenwich		State RI	Zip 02818
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island DENTISTRY.			
5. State of Incorporation Rhode Island		TITLE: 7-1.1-51			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J Harris DDS			Vice-President Name Christopher M Dumas DDS		
Street Address 4575 Post Road			Street Address 4575 Post Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0	CWP	\$1	
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 Christopher Dumas				Date 11-22-23	
Signature of Authorized Representative					

FILED

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

2:00 FEB 14 2024 BY ML XN975