



**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.

REC'D RI SOS BSL  
24 FEB 20 AM 11:14:57

1. Entity ID Number <b>001667561</b>		2. Exact name of the Corporation <b>SHORELINE PERIODONTICS, PC</b>												
3. Principal Office Address <b>190 HEMPSTEAD STREET</b>			City <b>NEW LONDON</b>	State <b>CT</b>	Zip <b>06320</b>									
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Practices in a dental office in RI.</b>												
5. State of Incorporation <b>Connecticut</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>GREGORY TOBACK</b>			Vice-President Name											
Street Address <b>190 Hempstead Street</b>			Street Address											
City <b>New London</b>	State <b>CT</b>	Zip <b>06320</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>GREGORY TOBACK</b>			Director Name											
Street Address <b>190 Hempstead Street</b>			Street Address											
City <b>New London</b>	State <b>CT</b>	Zip <b>06320</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>500</b></td> <td></td> <td><b>100</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>500</b>		<b>100</b>			
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<b>500</b>		<b>100</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>Gregory Toback</b>				Date <b>2/12/2024</b>										
Signature of Authorized Representative <i>Gregory Toback</i>				<b>FILED</b>										
				<b>FEB 20 2024</b>										