



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.

REC'D RIDDUS BSD
24 FEB 20 PM 11:15:14

1. Entity ID Number 001667561		2. Exact name of the Corporation SHORELINE PERIODONTICS, PC			
3. Principal Office Address 190 HEMPSTEAD STREET			City NEW LONDON	State CT	Zip 06320
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Practices in a dental office in RI.			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GREGORY TOBACK			Vice-President Name		
Street Address 190 Hempstead Street			Street Address		
City New London	State CT	Zip 06320	City	State	Zip
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 GREGORY TOBACK			Director Name		
Street Address 190 Hempstead Street			Street Address		
City New London	State CT	Zip 06320	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	
		500		100	
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 Gregory Toback				Date 2/12/2024	
Signature of Authorized Representative <i>Gregory Toback</i>			FILED		