



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

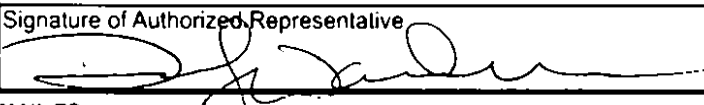
Corporation _____

FILED

FEB 22 2024

BY P/1377

- 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 80907		2. Exact name of the Corporation David J. Ward, D.M.D., P.C.			
3. Principal Office Address 535 Reservoir Road			City Pascoag	State RI	Zip 02859
4. NAICS Code 62 (111)		6. Brief description of the character of business conducted in Rhode Island General Practice of Dentistry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Ward, D.M.D.			Vice-President Name David J. Ward, D.M.D.		
Street Address 535 Reservoir Road			Street Address 535 Reservoir Road		
City Pascoag	State RI	Zip 0859	City Pascoag	State RI	Zip 02859
Secretary Name David J. Ward, D.M.D.			Treasurer Name David J. Ward, D.M.D.		
Street Address 535 Reservoir Road			Street Address 535 Reservoir Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. Ward, D.M.D.			Director Name		
Street Address 535 Reservoir Road			Street Address		
City Bristol	State RI	Zip 02859	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
		100	Common	No Par Value	
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 David J. Ward, D.M.D.					Date 2/6/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov