

State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

1. Corporate ID No. 000008854

2. Name of Corporation Medical-Dental Consultants, Inc.

3. Street Address Principal Business Office:

No. and Street: 35 SOCKANOSSET CROSSROAD

SUITE 5

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

4. Business Phone No.

4019432200

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541618

6. Brief Description of the Character of Business Conducted in Rhode Island

MANAGEMENT CONSULTING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	STEVEN M FLEMING	54 EDMONDS CIRCLE WHITINSVILLE, MA 01588 USA	
TREASURER	BRAD BARRICK	26 JOHN SCOTT BLVD NORTON, MA 02766 USA	
SECRETARY	KENJI GREENBERG	81 INEZ DRIVE NORTH KINGSTOWN, RI 02852 USA	
VICE PRESIDENT	RYAN J HOLZINGER	37 N ELMORE AVE NORTH PROVIDENCE, RI 02911 USA	
DIRECTOR	KENJI GREENBERG	81 INEZ DRIVE NORTH KINGSTOWN, RI 02852 USA	
DIRECTOR	RYAN J HOLZINGER	37 NORTH ELMORE AVE NORTH PROVIDENCE, RI 02911 USA	
DIRECTOR	STEVEN M FLEMING	54 EDMONDS CIRCLE WHITINSVILLE , MA 01588 USA	
DIRECTOR	BRAD BARRICK	26 JOHN SCOTT BLVD NORTON, MA 02766 USA	

8. Shares Authorized and Issued

				Total Issued
Class of Stock	Series of Stock	Par Value Per		and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
CNP		\$0.0000	4,000.00	800

9. 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.

Signed this 23 Day of February, 2024 at 9:59:28 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By STEVEN FLEMING

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07 © 2007 - 2024 State of Rhode Island All Rights Reserved