



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 29 2024 STAMP

429390

1. Entity ID Number 11621		2. Exact name of the Corporation MARK S. BICHANIAN, DMD INC.			
3. Principal Office Address 708 WARWICK AVE		City WARWICK	State RI	Zip 02888	
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island GENERAL 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 MARK S. BICHANIAN, DMD			Vice-President Name MARK S. BICHANIAN, DMD		
Street Address 25 MAINSAIL DRIVE			Street Address 25 MAINSAIL DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name MARK S. BICHANIAN, DMD			Treasurer Name MARK S. BICHANIAN, DMD		
Street Address 25 MAINSAIL DRIVE			Street Address 25 MAINSAIL DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK S. BICHANIAN, DMD			Director Name		
Street Address 25 MAINSAIL DRIVE			Street Address		
City TIVERTON	State RI	Zip 02878	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		
			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 Dr. Mark Bichanian					Date 2/26/24
Signature of Authorized Representative DR MARK BICHANIAN					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023