Annual Corpora
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1. Entity
3. Princi

State of Rhode Island

Department of State - Business Services Division

FEB 2 9 2024 STARIN

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Annual Report for the y	/ear: 2024
Corporation	7.029
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- Filing period! February 1 May 1
- → Filing Fee: \$50.00

>	Penalty	Additional \$25	.00 fee	if form is	not filed by	v May 31.
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Femalty Additional \$25.0	O IEE II JOHN IS II	Ot lifed by Iviay 31.						
Entity ID Number	2. Exact nam	ne of the Corporation						
11621		•	SIAN,	INV, DMO INC.				
3. Principal Office Address					State	Zip		
	A.K		1", W/3	RUICK	RI	02888		
708 WARWICK	100					200		
4. NAICS Code	6. Brief descr	ription of the characte	er of busines	is conducted in Rhod	e Island			
62/2/0	GEWER	ML DENTISTEY	У			•		
5. State of Incorporation	~							
RHODE ISLAND			•					
7. List ALL officers (names and a	addresses)				box to indicate an	attachment 🔲		
President Name 17 PRK 5. BICHASHAN UMO			MARK S BICHASIAN, UMU					
Street Address 25 MAINS: 31L D.QILIC			Street Addition	Street Addrock 25 MAINSAIL DRIVE				
City TIVERTON	State ペエ	Zip 2878	City TIU	12700	State	2ip 0287		
	Secretary Name MARIX S. BICHALIAN, IDAID			Treasurer Name MARK S. BICHASIAN, AMD				
Street Address 25 MAINSAIL DOINE			Street Address 25 MAINSAIL DOVE					
City FIVERTON	State Q.I.	Zip 02878	_1	מעד של	State	Zig 2878		
A List At L disastors /names and		1 - 20 - 0	,,,					
8. List ALL directors (names and Director Name	addresses		Director Na		box to indicate ar	n altachment L		
MIRK S. BIC	HALLAN , L	m ()	הומלוטי יזס	ime				
			Street Addr	7000				
Street Address PAINSAIL	DRIVE		01.00.7.22.					
City TIVERTON	State & I	Zip	City		State	Zip		
	~1	²⁰ 02878						
Director Name		•	Director Na	ime	<u></u>			
Street Address			Street Address					
City	State	Σip	City	 	State	Ζιρ		
9. Shares Authonzed		10 Charge leeu		Charle the	- haw to indicate a			
This information is currently of re-	cord in the	10. Shares Issue		Check the	e <u>box to indicate ai</u> RIES	PAR VALUE		
Department of State.		100 St		common	NO PAR VALUE			
Changes require an additional filir	19.					V1720E_		
11. This report must be executed	on behalf of the	corporation by an au	thorized ren	resentative of the cor	moration is in the t	ande of a ra.		
ceiver or trustee, this report mus					porenon is in the .	101103 01 0 1 0		
Under penalty of perjury, I dec	lare and affirm t	that I have examined	d this repon	t, including any acc	ompanying sche	dules and		
statements, and that all staten	nents contained	herein are true and	correct.					
Name of Authorized Representa	tive	_	<u> </u>		Date			
the new lite	1				2/26/2	24		
Signature of Authorized Represe	2541				4/20/2	47		
· ()	/ .							
JR MARY BICUA.	TIGN							

MARK BIGHAJIAN

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630- Revised, 12/2023