



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAR 04 2024

BY

1. Entity ID Number 000897404		2. Exact name of the Corporation Fayez G. Badlissi, DMD, P.C.			
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Periodontal practice			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fayez G. Badlissi, DMD			Vice-President Name N/A		
Street Address 21 John Westcott Drive			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Fayez G. Badlissi, DMD			Treasurer Name Fayez G. Badlissi, DMD		
Street Address 21 John Westcott Drive			Street Address 21 John Westcott Drive		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fayez G. Badlissi, DMD			Director Name N/A		
Street Address 21 John Westcott Drive			Street Address		
City North Attleboro	State MA	Zip	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
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 FAYEZ BADLISSI					Date 2-14-24
Signature of Authorized Representative Fayez Badlissi					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov