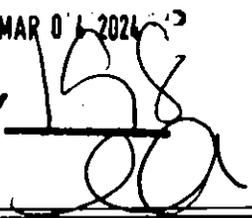




State of Rhode Island
Department of State - Business Services Division

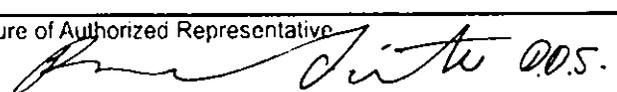
FILED

MAR 04 2024

BY 

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.

1. Entity ID Number 001754204		2. Exact name of the Corporation R.M. GILARDETTI, INC.			
3. Principal Office Address 1933 Commonwealth Avenue			City Auburndale	State MA	Zip 02466
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dental Office			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rachael M. Gilardetti			Vice-President Name NONE		
Street Address 1933 Commonwealth Avenue			Street Address		
City Auburndale	State MA	Zip 02466	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rachael M. Gilardetti			Director Name NONE		
Street Address 1933 Commonwealth Avenue			Street Address		
City Auburndale	State MA	Zip 02466	City	State	Zip
Director Name NONE			Director Name NONE		
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		STK	0.0100
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 Rachael M. Gilardetti					Date 2/26/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov