



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

STAMP
APR 10 2024
5057

- 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 160753		2. Exact name of the Corporation Michael S. Reilly, DDS, LTD.			
3. Principal Office Address 21 Rolfe Square			City Cranston	State RI	Zip 02910
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island 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 Michael S. Reilly			Vice-President Name		
Street Address 21 Rolfe Square			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Michael S. Reilly			Treasurer Name Michael S. Reilly		
Street Address 21 Rolfe Square			Street Address 21 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael S. Reilly			Director Name		
Street Address 21 Rolfe Square			Street Address		
City Cranston	State RI	Zip 02910	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
			600	Common	0.01
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.					
<i>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.</i>					
Name of Authorized Representative Michael S. Reilly				Date 4/6/24	
Signature of Authorized Representative <i>Michael S. Reilly</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov