



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.

STAMP

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 DEPARTMENT OF STATE
 24 APR 10 AM 11:34:03

1. Entity ID Number 1706955		2. Exact name of the Corporation Dental RI, P.C.			
3. Principal Office Address 1249 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dental practice.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dawn T. Gallucci			Vice-President Name		
Street Address 1249 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Dawn T. Gallucci			Treasurer Name Dawn T. Gallucci		
Street Address 1249 Oaklawn Avenue			Street Address 1249 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	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
			100		PAR VALUE
			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 Dawn T. Gallucci				Date 3/5/24	
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

FILED

APR 10 2024
BY ML 33264