



State of Rhode Island
Department of State - Business Services Division

FILED


Annual Report for the year: 2024

APR 10 2024

Corporation

BY 1838
DS

- 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 117345		2. Exact name of the Corporation Stephen J. Puerini, D.M.D. & Steven J. Saccoccio, D.M.D.			
3. Principal Office Address 115 Budlong Road			City Cranston	State RI	Zip 02920
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To operate a dental practice.			
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 Steven J. Saccoccio, D.M.D.			Vice-President Name Stephen J. Puerini, Jr., D.M.D.		
Street Address 45 Surrey Drive			Street Address 56 Ocean Avenue		
City Cranston	State RI	Zip 02920	City Jamestown	State RI	Zip 02835
Secretary Name Steven J. Saccoccio, D.M.D.			Treasurer Name Stephen J. Puerini, Jr., D.M.D.		
Street Address 45 Surrey Drive			Street Address 56 Ocean Avenue		
City Cranston	State RI	Zip 02920	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven J. Saccoccio, D.M.D.			Director Name Stephen J. Puerini, Jr., D.M.D.		
Street Address 45 Surrey Drive			Street Address 56 Ocean Avenue		
City Cranston	State RI	Zip 02920	City Jamestown	State RI	Zip 02835
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
		300		Common	No Par Value
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 Steven J. Saccoccio, D.M.D.					Date 3/21/24
Signature of Authorized Representative 					

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