



**State of Rhode Island**  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: 2021

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 REC'D RI SOS ESD  
24 APR 15 PM 2:32:54

1. Entity ID Number <b>001715613</b>		2. Exact name of the Corporation <b>Boston Dental Repair Inc.</b>			
3. Principal Office Address <b>537 Great Rd</b>			City <b>Littleton</b>	State <b>MA</b>	Zip <b>01460</b>
4. NAICS Code <b>811210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Repair dental equipment</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bryan Madden</b>			Vice-President Name <b>Bryan Madden</b>		
Street Address <b>537 Great Rd</b>			Street Address <b>537 Great Rd</b>		
City <b>Littleton</b>	State <b>MA</b>	Zip <b>01460</b>	City <b>Littleton</b>	State <b>MA</b>	Zip <b>01460</b>
Secretary Name <b>Bryan Madden</b>			Treasurer Name <b>Bryan Madden</b>		
Street Address <b>537 Great Rd</b>			Street Address <b>537 Great Rd</b>		
City <b>Littleton</b>	State <b>MA</b>	Zip <b>01460</b>	City <b>Littleton</b>	State <b>MA</b>	Zip <b>01460</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Bryan Madden</b>			Director Name		
Street Address <b>537 Great Rd</b>			Street Address		
City <b>Littleton</b>	State <b>MA</b>	Zip <b>01460</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>CWP</b>	<b>1.00</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Bryan Madden</b>					Date <b>4-9-24</b>
Signature of Authorized Representative <b>FILED</b>					

APR 15 2024

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