



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.

FILED

APR 26 2024

BY

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1. Entity ID Number 000106233		2. Exact name of the Corporation Karen M. Mega, DMD Inc.			
3. Principal Office Address 567 Reservoir Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of general dentistry.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen M. Mega			Vice-President Name		
Street Address 108 Delta Drive			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Karen M. Mega			Treasurer Name Karen M. Mega		
Street Address 108 Delta Drive			Street Address 108 Delta Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen M. Mega			Director Name		
Street Address 108 Delta Drive			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE \$.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 Karen M. Mega					Date 4/18/24
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