



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

MAY 01 2024
 5440 RS

- 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 93337		2. Exact name of the Corporation Wickford Dental Associates, Inc			
3. Principal Office Address 320 Phillips Street, Suite 104			City North Kingstown	State RI	Zip 02852
4. NAICS Code 921210		6. Brief description of the character of business conducted in Rhode Island Professional dentistry services			
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 Paul N. Boscia			Vice-President Name Paul N. Boscia		
Street Address 320 Phillips Street, Suite 104			Street Address 320 Phillips Street, Suite 104		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Paul N. Boscia			Treasurer Name Paul N. Boscia		
Street Address 320 Phillips Street, Suite 104			Street Address 320 Phillips Street, Suite 104		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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	PAR VALUE
			200	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 Paul N Boscia, DMD					Date 2/5/24
Signature of Authorized Representative 					