State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

MAY 01 2024

5440 RI

→ 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	2. Exact name of the Corporation		
93337	Wickford Dental Associates, Inc		
3. Principal Office Address	City	State	Zip
320 Phillips Street, Suite 104	North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
921210	Professional dentistry services		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Paul N Boscia, DMD	4/5/24

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

FORM 630 - Revised: 2/2023