



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

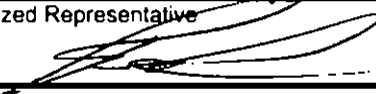
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

MAY 01 2024

5440

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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		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 					

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