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

Annual Report for the year: 2023

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 001692054		2. Exact name of the Corporation Martha L. Neely, DMD, PC	
3. Principal Office Address 60 Sagamore Street		City Revere	State MA
		Zip 02151	
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island Provides Orthodontic Services, Professional Dentistry		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Martha L. Neely		Vice-President Name None	
Street Address 60 Sagamore Street		Street Address	
City Revere	State MA	Zip 02151	
Secretary Name None		Treasurer Name None	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
Director Name None		Director Name None	
Street Address		Street Address	
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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES PAR VALUE
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 Martha L. Neely			Date 05/16/2024
Signature of Authorized Representative <i>Martha L. Neely</i>			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

FILED
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