



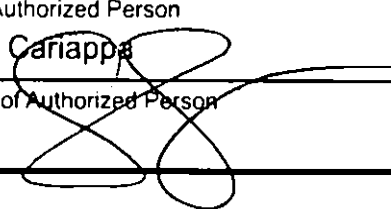
State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIVISION

Annual Report for the year: 2024  
Limited Liability Company

2024 JUL 17 AM 10:09

- 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 <b>001695912</b>		2. Exact name of the Limited Liability Company <b>Frenchtown Dental Associates, LLC</b>	
3. NAICS Code <b>621210</b>		4. Brief description of the character of business conducted in Rhode Island <b>Operate a Dental Practice and provide services</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>2580 South County Trail</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Shanthi Cariappa</b>		Contact Title	
Street Address <b>2580 South County Trail</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 Person <b>Shanthi Cariappa</b>		Date <b>7/11/2024</b>	
Signature of Authorized Person 			

FILED

JUL 17 2024

BY 0456

AA

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)