



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FIELD

FEB 18 2025

BY

1. Entity ID Number 000489050		2. Exact name of the Corporation NEAL W. ROGOL DMD, INC.			
3. Principal Office Address 60 CANONCHET WAY		City NARRAGANSETT		State RI	Zip 02882
4. NAICS Code 561110		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A DENTAL OFFICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name NEAL W. ROGOL			Vice-President Name NONE		
Street Address 60 CANONCHET WAY			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NEAL W. ROGOL			Treasurer Name NEAL W. ROGOL		
Street Address 60 CANONCHET WAY			Street Address 60 CANONCHET WAY		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NEAL W. ROGOL			Director Name NONE		
Street Address 60 CANONCHET WAY			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Director Name NONE			Director Name NONE		
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 Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	STK	\$0.01
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. <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 Representative NEAL W. ROGOL					Date 2/11/25
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov