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.

FILED
FEB 28 2025
BY

1. Entity ID Number	2. Exact name of the Corporation
000082390	MELANIE K. DUFOUR-PILNY, D.M.D., INC.

3. Principal Office Address	City	State	Zip
1035 Main Street	Hope Valley	RI	02832

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	Rendering professional services as a dentist.
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Melanie K. Dufour-Pilny	Melanie K. Dufour-Pilny
Street Address: 1035 Main Street	Street Address: 1035 Main Street
City: Hope Valley, State: RI, Zip: 02832	City: Hope Valley, State: RI, Zip: 02832
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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

Director Name	Director Name
Melanie K. Dufour-Pilny	
Street Address: 1035 Main Street	Street Address
City: Hope Valley, State: RI, Zip: 02832	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.	600	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
Melanie K. Dufour-Pilny, President	2/24/25

Signature of Authorized Representative
Melanie K Dufour-Pilny

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: 12/2023