



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.

1. Entity ID Number 001776955		2. Exact name of the Corporation Aniconi Dental Care, Inc.			
3. Principal Office Address 4 Blissdale Avenue			City Cumberland	State RI	Zip 02864
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dental Care			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maxwell Aniconi			Vice-President Name Maxwell Aniconi		
Street Address 4 Blissdale Avenue			Street Address 4 Blissdale Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Maxwell Aniconi			Treasurer Name Maxwell Aniconi		
Street Address 4 Blissdale Avenue			Street Address 4 Blissdale Avenue		
City Cumberland	State	Zip	City Cumberland	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	CNP	0.00
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 Maxwell Aniconi					Date 2-23-25
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

FILED
MAR 18 2025
BY *ICSEC*
FORM 630- Revised: 12/2023