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	2. Exact name of the Corporation
001776955	Aniconi Dental Care, Inc.

3. Principal Office Address	City	State	Zip
4 Blissdale Avenue	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621210	Dental Care
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
Maxwell Aniconi	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 ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	CNP	0.00
Changes require an additional filing.			

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
Maxwell Aniconi	2-23-25

Signature of Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 18 2025
BY ICSCC

FORM 630- Revised. 12/2023