RI SOS Filing Number: 202567753760 Date: 3/20/2025 4:00:00 PM

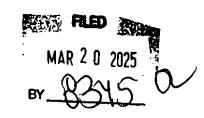
State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	vear:	2025
***************************************	LICHOLL	101 1110	you.	ZUZU

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00



→ Penalty: Additional \$25.00 fe										
1. Entity ID Number 116106	2. Exact name of the Corporation Mark P. Small, D.M.D., Inc.									
3. Principal Office Address 1090 NEW LONDON AV., UNIT 2			City CRAN	ty CRANSTON			Zip 02920			
4. NAICS Code 621210 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF DENTISTRY.									
7. List ALL officers (names and add	Check the box to indicate an attachment									
MARK P. SMALL, D.M.D.				Vice-President Name MARK P. SMALL, D.M.D.						
Street Address 1090 NEW LONDON AVE., UNIT 2				Street Address 1090 NEW LONDON AVE., UNIT 2						
City CRANSTON	State RI	^{Zip} 02920	CRANSTON		State F	RI	Zip 02920			
Secretary Name MARK P. SMALL, D.M.D.			Treasurer Name MARK P. SMALL, D.M.D.							
1090 NEW LONDON AVE., UNIT 2			Street Address 1090 NEW LONDON AVE., UNIT 2							
City CRANSTON	State RI	^{Zip} 02920	City CRANSTON		State R		^{Zip} 02920			
8. List ALL directors (names and ad Director Name	15	Check the b	ox to indica	ate an atta	chment 🔲					
MARK P. SMALL, D.M.D.			Director Name							
Street Address 1090 NEW LONDON AVE., UNIT 2			Street Address							
CRANSTON	State RI	^{Zip} 02920	City	_	State		Zıp			
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City		State		Zip			
9. Shares Authorized	. Shares Authorized 10. Shares Issue			ed Check the box to indicate an attachment						
This information is currently of record Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE								
Changes require an additional filing.		100		COMMON		\$0.00				
11. This report must be avacuted as	behalf of the		<u> </u>							
 This report must be executed on ceiver or trustee, this report must be 	executed on bet	half of the corporat	ion by the i	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										
MARK P. SMALL, D.M.D. Signature of Authorized Page 2014 (1)										
Signature of Authorized Representative										

Phone: (401) 222-3040 Website: www.sos.n.gov