



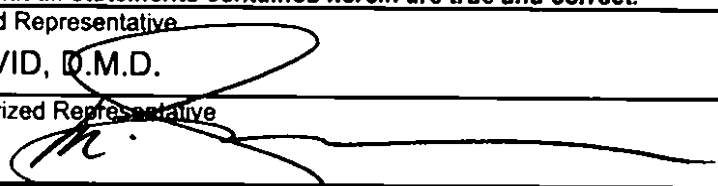
**State of Rhode Island
Department of State - Business Services Division**

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
MAR 20 2025
BY leleya

1. Entity ID Number 128973		2. Exact name of the Corporation Mehran Javid DMD-RI Dental, Ltd.			
3. Principal Office Address 1351 S. COUNTY TRAIL, STE. 120			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF DENTISTRY.			
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 MEHRAN JAVID, D.M.D.			Vice-President Name		
Street Address 1351 S. COUNTY TRAIL, STE. 120			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name MEHRAN JAVID, D.M.D.			Treasurer Name MEHRAN JAVID, D.M.D.		
Street Address 1351 S. COUNTY TRAIL, STE. 120			Street Address 1351 S. COUNTY TRAIL, STE. 120		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MEHRAN JAVID, D.M.D.			Director Name		
Street Address 1351 S. COUNTY TRAIL, STE. 120			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	\$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 MEHRAN JAVID, D.M.D.				Date 3/14/25	
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