RI SOS Filing Number: 202569598800 Date: 4/8/2025 4:00:00 PM

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State of Rhode	Island 👅	_	—	
(Department of	State - Bu	siness Se	rvices D	ivision

Annual Report for the year: 2025

APR 08 2025

FILED

→ Filing period: February 1 - May 1

→ Filing Fee. \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

(BN)	BY	1606	
	_		

1 Entity ID Number	2. Exact name o	fthe	Corporation						
001664151				DENTAL B	PMOVA: INC				
3. Principal Office Address	· · · · · · · · · · · · · · · · · · ·			City			State	Zip	
20 PROVIDENCE ST	••			, <i>'</i>	WARW CK	l l ·			
4 NAICS Code	•	6. Brief description of the character of business conducted in Rhode Island							
811120									
State of Incorporation	1								
RI	AUTO BOI	ìΥ	RPPATR						
7 List ALL officers (names and a			11011111		Che	eck the box	x to indicate	e an attachment	
President Name				Vice-President Name					
Street Address				Street Address					
4									
≮ City	State	Zıp		City		State	Z	Zip	
<u> </u>				ļ		<u> </u>			
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	Zıp		City		State	Ž	Zıp	
8. List ALL directors (names and	addresses)	<u>l </u>		<u> </u>	Che	eck the box	x to indicate	e an attachment	
Director Name				Director Name					
Street Address			Street Address						
City	State	Zıp		City		State		Zıp	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zıp		City S		State	Ž	Zip	
Shares Authorized	l	1	10 Shares Issued		Che	eck the hor	x to indicate	e an attachment	
This information is currently of record in the Department of State.		-+	NUMBER OF SHARES CLASS/SERIES			box to indicate an attachment PAR VALUE			
		ŀ	75 CNP		1.23		0		
Changes require an additional	filing.	Ì							
11. This report must be executed			•			n the hands	s of a re-		
Ceiver or trustee, this report must Under penalty of perjury, I of	declare and affir	m th	at I have examine	d this repo		ccompan	nying sch	edules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative						Date			
Signature of Authorized Represen				***				<u> </u>	
LESTER LARACUEN'	ГЕ,								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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