

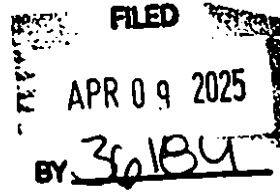


State of Rhode Island
Department of State - Business Services Division

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 1706955		2. Exact name of the Corporation Dental RI, P.C.												
3. Principal Office Address 1249 Oaklawn Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dental practice.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐									
President Name Dawn T. Gallucci			Vice-President Name											
Street Address 1249 Oaklawn Avenue			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Secretary Name Dawn T. Gallucci			Treasurer Name Michael R. Gallucci											
Street Address 1249 Oaklawn Avenue			Street Address 1249 Oaklawn Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	common	no par												
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 Dawn T. Gallucci					Date 3/19/25									
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