



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.

REC'D RIDOS BSD
25 APR 16 PM 3:25:40

1. Entity ID Number 000675515		2. Exact name of the Corporation Dr. Napolitano, Inc.			
3. Principal Office Address 915 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To maintain and operate a Dental Practice.			
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 Christopher Napolitano, D.D.S.			Vice-President Name NONE		
Street Address 915 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Christopher Napolitano, D.D.S.			Treasurer Name Christopher Napolitano, D.D.S.		
Street Address 915 Oaklawn Avenue			Street Address 915 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 <input type="checkbox"/>					
Director Name Christopher Napolitano, D.D.S.			Director Name NONE		
Street Address 915 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	COMMON	0.01
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 Christopher Napolitano, D.D.S., President					Date 2/5/2025
Signature of Authorized Representative DSS					

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

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BY 7185 ex FORM 630- Revised. 12/2023