



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 3:22:34

1. Entity ID Number 000017095		2. Exact name of the Corporation Dr. Barbara M. Bilder			
3. Principal Office Address 116 Wayland Avenue			City Providence	State Ri	Zip 02906
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentistry specializing in Prosthodontics.			
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 Barbara M. Bilder, D.M.D.			Vice-President Name NONE		
Street Address 116 Wayland Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Barbara M. Bilder, D.M.D.			Treasurer Name Barbara M. Bilder, D.M.D.		
Street Address 116 Wayland Avenue			Street Address 116 Wayland Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Barbara M. Bilder, D.M.D.			Director Name NONE		
Street Address 116 Wayland Avenue			Street Address		
City Providence	State RI	Zip 02906	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
			204	Common	No Par Value
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 Barbara M. Bilder, D.M.D., President				Date 3/11/25	
Signature of Authorized Representative <i>Barbara M. Bilder</i>					

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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