



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS B90  
25 APR 18 PM 2:30:14

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 <b>119552</b>		2. Exact name of the Corporation <b>David M. Napolillo DMD, Inc</b>			
3. Principal Office Address <b>865 Reservoir Ave</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>621210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Practice Dentistry</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>David M. Napolillo DMD</b>		Vice-President Name <b>None</b>			
Street Address <b>865 Reservoir Ave</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name		Treasurer Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>David M. Napolillo DMD</b>		Director Name			
Street Address <b>865 Reservoir Ave</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>8000</b>		<b>Ø</b>	<b>None</b>
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. <b>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.</b>					
Name of Authorized Representative <b>David M. Napolillo DMD</b>				Date <b>4/18/2025</b>	
Signature of Authorized Representative <b>David M. Napolillo DMD</b>					

**FILED** 2:32

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 18 2025  
BY **50446**  
*es*