



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: 2024  
Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR  
STANDARD USE ONLY  
2025 MAY -8 A 10:42

1. Entity ID Number <u>161697</u>		2. Exact name of the Limited Liability Company <u>Dental Associates of Cumberland, LLC</u>	
3. NAICS Code <u>621210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Dental Office</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>2138 Mendon rd, Ste #202</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02804</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Alex Calderon</u>		Contact Title <u>Administrator</u>	
Street Address <u>419 Albion rd, Unit #11</u>		City <u>Lincoln</u>	State <u>RI</u>
		Zip <u>02865</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <u>Edward. CAW...</u>		Date <u>5/5/25</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

MAY 08 2025  
BY E69BS  
1043 D

**MAIL TO:**

Division of Business Services  
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