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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	2. Exact name of the Corporation			
001720093	Alpha Dental Center, PC			
3. Principal Office Address		City	State	Zip
230 Rhode Island Ave.		Fall River	MA	02724
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621210	Practice of Dentistry			
5. State of Incorporation				
MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Munal S. Salem DMD			Vice-President Name:		
Street Address: 90 Teaberry Ln			Street Address:		
City: Braintree	State: MA	Zip: 02184	City:	State:	Zip:
Secretary Name: Munal S. Salem DMD			Treasurer Name: Munal S. Salem DMD		
Street Address: 90 Teaberry Ln			Street Address: 90 Teaberry Ln.		
City: Braintree	State: MA	Zip: 02184	City: Braintree	State: MA	Zip: 02184

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Munal S. Salem DMD			Director Name:		
Street Address: 90 Teaberry Ln.			Street Address:		
City: Braintree	State: MA	Zip: 02184	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	CNP	$0.0000

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.

FILED

Name of Authorized Representative	Date
Munal S. Salem	5/21/2025

Signature of Authorized Representative: Munal S. Salem
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MAY 22 2025
BY
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023