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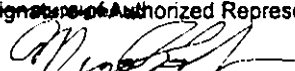


**State of Rhode Island
Department of State - Business Services Division**

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 001720093		2. Exact name of the Corporation Alpha Dental Center, PC			
3. Principal Office Address 230 Rhode Island Ave.			City Fall River	State MA	Zip 02724
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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 Munal S. Salem				Date 5/21/2025	
Signature of Authorized Representative 					

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