



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 MAY 29 PM 2:59:46

STAMP

Annual Report for the year: 2025

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.

1. Entity ID Number 001719613		2. Exact name of the Limited Liability Company SUPPLY DENTAL PAULINO LLC	
3. NAICS Code 424690		4. Brief description of the character of business conducted in Rhode Island DENTAL SUPPLY SALE	
5. State of Formation RI			
6. Principal Office Address 109 PINEWOOD CIR		City KISSMMEE	State FL
		Zip 34743	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name EVELYN M PAULINO ARACENA		Contact Title OWNER	
Street Address 109 PINEWOOD CIR		City KISSMMEE	State FL
		Zip 34743	
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 EVELYN M PAULINO ARACENA		Date 05/10/2025	
Signature of Authorized Person <i>Evelyn M Paulino</i>			

MAIL TO:

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

FILED
MAY 29 2025
BY 1248
EG