



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 AMENDED
Corporation

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

REC'D RIDOS BSD
25 SEP 17 AM 10:03:19

1. Entity ID Number <u>001782121</u>		2. Exact name of the Corporation <u>DENTAL SERVICES, P.A.</u>			
3. Principal Office Address <u>11 S. Angell Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>621210</u>		6. Brief description of the character of business conducted in Rhode Island <u>DENTAL SERVICES</u>			
5. State of Incorporation <u>DE</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Wayland Easley</u>			Vice-President Name		
Street Address <u>11 S. Angell Street</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name			Treasurer Name		
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			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>100</u>		
			<u>CNP</u>		
			<u>Ø</u>		
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.					
Name of Authorized Representative <u>[Signature]</u>					Date <u>9/17/2025</u>
Signature of Authorized Representative					

FILED 10:03A

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

SEP 17 2025

[Signature]

BY NZGZP

FORM 630- Revised 12/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 17, 2025 10:03 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

