



Annual Report for the year: 2022  
Corporation

FEB 15 2022

BY 16037 DS

- 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 <b>000036959</b>	2. Exact name of the Corporation <b>Asciolla Family Dentistry Inc</b>		
3. Principal Office Address <b>455 Davit Ave PO Box 6</b>		City <b>Jamestown</b>	State <b>RI</b>
		Zip <b>02835</b>	
4. NAICS Code <b>621210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Dental Practice</b>		
5. State of Incorporation <b>RI</b>			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maria Asciolla</b>			Vice-President Name		
Street Address <b>455 Davit Ave PO Box 6</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Maria Asciolla</b>			Director Name		
Street Address <b>455 Davit Ave PO Box 6</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>300</b>	<b>No Par</b>	<b>0</b>

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 <b>Maria Asciolla</b>	Date <b>2/9/2022</b>
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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