	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Professional Co Annual Report		
Filing Period: Feb	ruary 1 - May 1	
In accordance with	h R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to	
	ort within thirty (30) days after the time prescribed by law	
(R.I.G.L. 7-1.2-150	01(c&d)) is subject to a penalty fee of \$25.00.	
ANNUAL REPOR	RT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>	
1. Corporate ID	No. <u>000159288</u>	
2. Name of Corp	poration Advanced Aesthetic Dentistry, P.C.	
3. Street Addres	s Principal Business Office:	
No. and Street:	85 BEACH STREET, BUILDING D	
	BUILDING D	
City or Town:	WESTERLY State: <u>RI</u> Zip: <u>02891</u> Cour	ntry: USA
4. Business Pho	ne No.	
<u>401-596-7707</u>	<u>-</u>	
5. State of Incorp	poration	
State: <u>RI</u>		
	NAICS CODE	
-	t NAICS Code that best describes the primary business conducted by the t of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	entity.
<u>621210</u>		
6. Brief Descripti	ion of the Character of Business Conducted in Rhode Island	
DENTISTRY		
7. Names and Ac	ddresses of the Officers and Directors:	
	nd directors must be listed. If officers and/or directors have been electator is no longer applicable; please delete.	ted, the

Title	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
PRESIDENT	MAURAD RAHIM		20 TAGGART COURT EAST GREENWICH, RI 02818-1085 USA		
PRESIDENT	SOHA ALKOKA		85 BEACH STREET, BUILDING D WESTERLY, RI 02891 USA		
8. Shares Authorized and Is	sued				
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares	Total Issued and Outstanding <i>Num of</i>
				Number of Shares	Shares
sтк 9. This report must be exect		e corpora	•	1,000.00 authorized repres	1000 entative. If
ļ	nands of a receiver receiver or trustee. aary, 2024 at 11:23 strument constitutes perjury, that this in and that the facts st	corpora or trustee :14 AM. the affirm strument ated here	tion by an e, this repo This elect mation or is that ind	1,000.00 authorized repres ort must be execut ronic signature of t acknowledgement ividual's act and de	1000 entative. If ed on behalf he individual of the eed or the act

Form No. 630 Revised 09/07

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