



State of Rhode Island

Department of State - Business Services Division

FILED

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BY 5245 DS

Annual Report for the year: 2024
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 000125663		2. Exact name of the Corporation Herbie Dental, Inc.			
3. Principal Office Address 1413 Diamond Hill Road			City Woonsocket	State RI	Zip 02895
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island To operate a dental facility			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kerri-Rae Agin			Vice-President Name		
Street Address 1413 Diamond Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Kerri-Rae Agin			Treasurer Name Kerri-Rae Agin		
Street Address 1413 Diamond Hill Road			Street Address 1413 Diamond Hill Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kerri-Rae Agin			Director Name		
Street Address 1413 Diamond Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
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 KERRI-RAE AGIN					Date 1/24/24
Signature of Authorized Representative <i>Kerri-Rae Agin</i>					

MAIL TO:
Division of Business Services
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