

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216519174				
1.) CORPORATION NAME: MAIN STREET FAMILY DENTISTRY P.C.		DUE DATE: 7/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALI ZARRINFAR 850-D E MAIN ST PURCELLVILLE, VA		SCC ID NO: 06400485				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 850-D E MAIN STREET CITY/ST/ZIP: PURCELLVILLE, VA 20132						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: ALLEN A ZARRINFAR TITLE: DIR/OFFICER ADDRESS: 697 MILLER AVE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ ALLEN A ZARRINFAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALLEN A ZARRINFAR, DIR/OFFICER PRINTED NAME AND CORPORATE TITLE	5/21/2016 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						