

provision of the Labor Code.

STATE OF CALIFORNIA

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20242222093

For Office Use Only



CLIFORNIL	1500 Sacra	11th Stre	alifornia 95814					File No.: BA20242222093 Date Filed: 12/18/2024	
Entity Details									
Corporation Nam	ie			stry DMD inc.					
Entity No.						6497805			
Formed In			CAL	IFORNIA					
Street Address of Princ		ce of Corpo	oration						
Principal Address	S				19734 EDINA LN SARATOGA, CA 95070				
Mailing Address of Cor	poration								
Mailing Address						34 EDINA LN			
						ATOGA, CA 95070			
					013	hastry			
Street Address of Califo					1070				
Street Address of California Office					19734 EDINA LN SARATOGA, CA 95070				
Officers									
Officer Name Officer Address				Position(s)					
+ Shruti Shastry 19734 EDINA LN SARATOGA, CA 95070					Chief Executive Officer, Chief Financial Officer, Secretary				
Additional Officers									
Officer Name			Officer Addr	ress		Position		Stated Position	
				Ν	lone Entere	d			
Directors									
Director Name					Director Address				
+ Shruti Shastry					19734 EDINA LN SARATOGA, CA 95070				
The number of va	acanci	es on Bo	ard of Directors is: 0						
Agent for Service of Pro	ocess								
Agent Name					Shruti Shastry				
Agent Address					19734 EDINA LN SARATOGA, CA 95070				
Type of Business									
Type of Business					Dent	tistry			
Email Notifications Opt-in Email Notifications					Yes, I opt-in to receive entity notifications via email.				
Labor Judgment No Officer or Dir	rector	of this C	orporation has an ou	itsta	anding final	judgment issued b	y the	e Division of Labor Standard	

Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or

Electronic Signature								
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.								
matthew odgers	12/18/2024							
Signature	Date							