



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 146408		2. Exact name of the limited liability company Albert E. Carlotti, Jr., D.D.S., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Oral surgeon	
5. Principal office address 915 OAKLAWN AVENUE		City CRANSTON	State RI
		Zip 02920-	
6. CONTACTING ADDRESS OF AUTHORIZED PERSON:			
Contact Name Stephen J. Carlotti		Contact Title Authorized Person	
Street Address 50 Kennedy Plaza, Ste. 1500		City PROVIDENCE	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER:			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Agents require filing of Form 642-R.I.C.P.-011.			
Agent Name STEPHEN J. CARLOTTI, ESQ.		Address 50 Kennedy Plaza, Ste. 1500	
Address HINCKLEY, ALLEN & SNYDER LLP		City PROVIDENCE	Zip 02903-

FILED

DEC 18 2007

By AMF

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 4 6 4 0 8

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.

Signature of Authorized Person

Date

Stephen J. Carlotti

Print or Type Name of Authorized Person

146408 DLLC 07/10/07 03:38:58 PM

File Date

Check No.

By:

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