



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 2006**  
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-	
Contact Name Stephen J. Carlotti		Contact Title Authorized Person			
Street Address 50 Kennedy Plaza, Ste. 1500		City Providence	State RI	Zip 02903	
6. Name of each member		7. Name of each manager			
None		None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name	Manager Name				
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND		9. Change of Form 842, R.I.G.L. 7-16-11			
Agent Name STEPHEN J. CARLOTTI, ESQ.		Address 50 Kennedy Plaza, Ste. 1500			
Address HINCKLEY, ALLEN & SNYDER LLP		City PROVIDENCE	Zip 02903-		

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

Stephen J. Carlotti

Print or Type Name of Authorized Person

Date

8/22/07

\*146408 DLLC 07/05/07 03:04:45 PM\*

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY