



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 128973		2. Name of Corporation Mehran Javid DMD-RI Dental, Ltd.			
3. Street Address Principal Business Office 1351 SOUTH COUNTY TRAIL, SUITE 120			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. 4015419161		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF DENTISTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MEHRAN JAVID, D.M.D.			Vice President Name		
Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name MEHRAN JAVID, D.M.D.			Treasurer Name MEHRAN JAVID, D.M.D.		
Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120			Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MEHRAN JAVID, D.M.D.			Director Name		
Street Address 1351 SOUTH COUNTY TRAIL, SUITE 120			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE	100	COMMON	NO PAR VALUE
			THIS SECTION MUST BE COMPLETED		

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.

FILED
File Date
JAN 22 2008
Check No.
By 1694 mnc
FOR SECRETARY OF STATE USE ONLY

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.
M. Javid 1/17/08
Signature Date
MEHRAN JAVID, D.M.D.
Print or Type Name
PRESIDENT
Title