



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 68094		2. Name of Corporation Donna M. Hagerty, D.D.S., Inc.			
3. Street Address Principal Business Office 24 SALT POND ROAD, SUITE E3		City WAKFIELD	State RI	Zip 02879-	
4. Business Phone No. 4017834929		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OWNING, OPERATING & MAINTAINING AN ESTABLISHMENT IN WHICH THE PRACTICE OF DENTISTRY SHALL BE CARRIED ON.					
7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna M. Hagerty, D.D.S.		Vice President Name None			
Street Address 24 Salt Pond Road, Suite E3		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Donna M. Hagerty, D.D.S.		Treasurer Name Donna M. Hagerty, D.D.S.			
Street Address same		Street Address same			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Donna M. Hagerty, D.D.S.		Director Name			
Street Address same		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ☐ 10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			500	common	no par

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

FEB 01 2008

By 4724

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

Date

Donna M. Hagerty, D.D.S.

Print or Type Name

President

Title

Form 630 12/05

68094 DBC 01/18/07 02:27:53 PM

File Date

Check No.

By:

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