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.	2. Name of Corporation
68094	Donna M. Hagerty, D.D.S., Inc.

3. Street Address Principal Business Office	City	State	Zip
24 SALT POND ROAD, SUITE E3	WAKFIELD	RI	02879-

4. Business Phone No.	5. State of Incorporation
4017834929	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	Street Address	City	State	Zip
Donna M. Hagerty, D.D.S.	24 Salt Pond Road, Suite E3	Wakefield	RI	02879

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Donna M. Hagerty, D.D.S.	same			

Treasurer Name	Street Address	City	State	Zip
Donna M. Hagerty, D.D.S.	same			

8. NAMES AND ADDRESSES OF THE DIRECTORS (X' BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Donna M. Hagerty, D.D.S.	same			

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED (X' BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

10. SHARES ISSUED (X' BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	common	no par

This report must be executed on behalf of the corporation by an authorized officer. 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.

[redacted] 6 8 0 9 4

FILED
FEB 01 2008
By 4724

[redacted]

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 1-28-08

Donna M. Hagerty, D.D.S.
Print or Type Name

[redacted] President
Title

68094 DBC 01/18/07 02:27:53 PM
File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 12/05