



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. 11621		2. Name of Corporation MARK S. BICHAJIAN, DMD, INC.			
3. Street Address Principal Business Office 708 WARWICK AVE			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-785-2111		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL DENTISTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK S. BICHAJIAN, DMD.			Vice President Name MARK S. BICHAJIAN, DMD.		
Street Address 55 BEECHWOOD DRIVE			Street Address 55 BEECHWOOD DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name MARK S. BICHAJIAN, DMD.			Treasurer Name MARK S. BICHAJIAN, DMD.		
Street Address 55 BEECHWOOD DRIVE			Street Address 55 BEECHWOOD DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK S. BICHAJIAN, DMD.			Director Name		
Street Address 55 BEECHWOOD DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	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"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
700 SHARES	COMMON	NO PAR VALUE	100 SHARES	COMMON	NO PAR VALUE
8000 SHARES	MSB				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

File Date	FILED
Check No.	FEB 19 2008
By:	DS-31702
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.

Signature: MARK S. BICHAJIAN, DMD. Date: _____
Print or Type Name: MARK S. BICHAJIAN, DMD.
Title: PRESIDENT