



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. *17205*
2. Name of Corporation PERIODONTAL ASSOCIATES, LTD.
3. Street Address Principal Business Office
189 GOVERNOR STREET
City PROVIDENCE State RI Zip 02906
4. Business Phone No. 4014216464
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
PERIODONTAL DENTAL PRACTICE

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jeffrey B. Shapiro Street Address 34 Cove Drive City Charlestown State RI Zip 02813	Vice President Name None Street Address City State Zip	Treasurer Name Jeffrey B. Shapiro Street Address 34 Cove Drive City Charlestown State RI Zip 02813
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8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jeffrey B. Shapiro Street Address 34 Cove Drive City Charlestown State RI Zip 02813	Director Name None Street Address City State Zip
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common None

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.



* 1 7 2 0 5 *

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 Jeffrey B. Shapiro Date 02/19/09
Print or Type Name
President
Title

17205 DBF 02/12/09 06:56:16 PM

File Date MAR 03 2008

Check No. 1624

By: _____

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