



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Professional Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000159365

**2. Name of Corporation** Peter U. Wolff, D.M.D., PC

**3. Street Address Principal Business Office:**

No. and Street: 2580 SOUTH COUNTY TRAIL

City or Town: EAST GREENWICH

State: RI Zip: 02818 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

DENTAL SERVICES

**7. Names and Addresses of the Officers and Directors:**

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| TREASURER      | PETER U. WOLFF DMD                             | 2580 SOUTH COUNTY TRAIL<br>EAST GREENWICH, RI 02818 USA    |
| SECRETARY      | PETER U. WOLFF DMD                             | 2580 SOUTH COUNTY TRAIL<br>EAST GREENWICH, RI 02818 USA    |
| PRESIDENT      | PETER U WOLFF DMD                              | 2580 SOUTH COUNTY TRAIL<br>EAST GREENWICH, RI 02818- USA   |
| VICE PRESIDENT | PETER U. WOLFF DMD                             | 2580 SOUTH COUNTY TRAIL<br>EAST GREENWICH, RI 02818 USA    |
| DIRECTOR       | PETER U. WOLFF DMD                             | 2580 SQUATH COUNTY TRAIL<br>EAST GREENWICH, RI 02818 USA   |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|----------------------------------------------------|------------------------------------------------------|
| STK            |                 | \$0.00              | 1,000.00                                           | 100                                                  |

**9. 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.**

**Signed this 17 Day of January, 2009 at 12:31:11 PM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOEL K. GERSTENBLATT

Signature of Authorized Representative of the Corporation

ATTORNEY

Title

Form No. 630  
Revised 09/07

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