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 2009

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.	2. Name of Corporation
57434	THE FAMILY DENTIST, MICHELE GENDRON SILER, DDS AND MICHAEL A WAGNER, DDS INC

3. Street Address Principal Business Office	City	State	Zip
480 BROADWAY	PAWTUCKET	RI	02860

4. Business Phone No.	5. State of Incorporation
401 728 6654	RHODE ISLAND

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

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

President Name	Vice President Name
MICHAEL A WAGNER	MICHELE GENDRON-SILER
Street Address: 116 JENKES HILL ROAD	Street Address: 115 NINTH STREET
City: LINCOLN; State: RI; Zip: 02865	City: PROVIDENCE; State: RI; Zip: 02906
Secretary Name: MICHAEL A WAGNER	Treasurer Name: MICHELE GENDRON-SILER
Street Address: 116 JENKES HILL ROAD	Street Address: 115 NINTH STREET
City: LINCOLN; State: RI; Zip: 02865	City: PROVIDENCE; State: RI; Zip: 02906

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

Director Name	Director Name
Street Address	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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	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.

[redacted] [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* 28 Jan 09

MICHAEL A WAGNER
Print or Type Name

[redacted] President
Title

File Date 1-28-09
Check No. 6007
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08