



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. 109930		2. Name of Corporation DENISE M. GOODMAN DMD, INC			
3. Street Address Principal Business Office 690 SHERMAN FARM ROAD			City HARRISVILLE	State RI	Zip 02830
4. Business Phone No. 401-568-3300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF DENTISTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENISE M. GOODMAN DMD, INC			Vice President Name DENISE M. GOODMAN DMD, INC		
Street Address 690 SHERMAN FARM ROAD			Street Address 690 SHERMAN FARM ROAD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name DENISE M. GOODMAN DMD, INC			Treasurer Name DENISE M. GOODMAN DMD, INC		
Street Address 690 SHERMAN FARM ROAD			Street Address 690 SHERMAN FARM ROAD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

FILED	
File Date	FEB 23 2009
Check No.	102222
By:	
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: *Denise M. Goodman* Date: 2/9/09
DENISE M. GOODMAN, DMD
Print or Type Name
PRESIDENT
Title