



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. 000483315		2. Name of Corporation Beagan Dental, P.C.			
3. Street Address Principal Business Office 95 Sockanosset Cross Rd., Suite 301		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 942-0300		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Orthodontic Practice					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bryan F. Beagan, D.M.D.			Vice President Name		
Street Address 95 Sockanosset Cross Rd., Suite 301			Street Address NONE		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name None			Treasurer Name		
Street Address None			Street Address NONE		
City None	State None	Zip None	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bryan F. Beagan, D.M.D.			Director Name		
Street Address 95 Sockanosset Cross Rd., Suite 301			Street Address NONE		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares 8,000.00		Class/Series STK	Par Value \$ 0.01

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

FEB 26 2009

File Date	BY <u>AMF</u>
Check No.	<u>11:27</u>
By:	<u>82045</u>
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.

Bryan F. Beagan 2/23/09
Signature Date
Bryan F. Beagan
Print or Type Name
President
Title