



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. 42144		2. Name of Corporation STEVEN A. FAZZINI, D.M.D., INC.			
3. Street Address Principal Business Office 868 RESERVOIR AVENUE			City CRANSTON	State Rhode Island	Zip 02910
4. Business Phone No. 401-943-1412		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF GENERAL DENTISTRY AND RELATED SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN A. FAZZINI DMD			Vice President Name STEVEN A. FAZZINI DMD		
Street Address 868 RESERVOIR AVENUE			Street Address 868 RESERVOIR AVENUE		
City CRANSTON	State Rhode Island	Zip 02910	City CRANSTON	State Rhode Island	Zip 02910
Secretary Name STEVEN A. FAZZINI DMD			Treasurer Name STEVEN A. FAZZINI DMD		
Street Address 868 RESERVOIR AVENUE			Street Address 868 RESERVOIR AVENUE		
City CRANSTON	State Rhode Island	Zip 02910	City CRANSTON	State Rhode Island	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEVEN A. FAZZINI DMD			Director Name		
Street Address 868 RESERVOIR AVENUE			Street Address		
City CRANSTON	State Rhode Island	Zip 02910	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) <input type="checkbox"/>		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1000 No Par Value	A	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.

<b>FILED</b>	
File Date	<b>FEB 25 2009</b>
Check No.	
By:	<b>5251</b>
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

Date

**STEVEN A. FAZZINI DMD**

Print or Type Name

**President**

Title