

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, Rt 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(e)\*\*.

subject to a penalty fee of \$2	5.00.		-	7		
1. Corporate ID No 115970	2. Name of Co Robert W	2. Name of Corporation Robert W. Mier, D. D. S., Ltd.				
3 Street Address Principal Business Office 80 Quaker Lane			City Warwick	State	Ζφ 02886	
4 Business Phone No. 5 State of Incorporation Rhode Island					02000	
6. Brief Description of the CE	paracter of Business Cond maintain a husiness	I	on of dontints.		<u></u>	
		FICERS: ("X" BOX FOR ATT				
, resident . Wille		TOLKO! ( A BOATOR MIL	: Vice President Name	SPACES BEFORE USING	G ATTACHMENTS	
Robert W. Mier			None			
80 Quaker Lane			Street Address	1980 Marks Marks	M-1-	
cuy Warwick	State RI	<sup>Z(p)</sup> 02886	Gity:	Mate	$Z_{\mathcal{Q}}$	
Secretary Name Robert W. Mier			Treusurer Name Robert W. Mier			
Mrcet Address 80 Quaker Lane			Street Address			
City				80 Quaker Lane		
Warwick	RI	<sup>Zip</sup> 02886	City Warwick	State RI	Zip <b>02886</b>	
8. NAMES AND ADDR  Director Name	ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) 📋 FILL	I IN SPACES BEFORE USIN		
Robert W. Mier			Director Name			
troet Address			Street Address			
30 Quaker Lane						
ுர <sub>்</sub> Warwick	State RI	2ip 02886	City <sup>,</sup>	State	Zip	
Director Name			Director Name			
Street Address		2	Street Address	<u> </u>		
.ity:	State	Zip	City <sup>i</sup>	State	Zip	
. SHARES AUTHORIZ	ED	I	: 10. SHARES ISSUED	 	 HMENT) □	
			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	Class/Series	Far Value	
			100	common	none	
			1			
This report must be exe	cuted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver on two	
his report must be exec	cuted on behalf of th	e corporation by the receiver	or trustee.	cosporados is in the hand	is of a receiver of trustee,	
			Under penalty of	perjury, I declare and affirm	that I have examined this rep	
1	11 10		contained herein	ompanying schedules and sta are true and correct.	atements, and that all statem	
File Date	6-09		264	1.11/0-	2/20/00	
Charles to 5	272		Signature		Date Date	
Check No.			Robert W. N	∕lier		
3)v( <i>/</i> /	mne		Print or Type Name	e	<u></u>	
FOR SECRETARY	OF STATE USE ONLY		President			
			Title	·	······································	