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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 2004

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			
4427	Alfred J. Coletti, D.D.S. Ltd.			
3. Street Address Principal Business Office		City	State	Zip
1121 Centerville Rd.		Warwick	RI	02886
4. Business Phone No.	5. State of Incorporation			
(401) 826-2400	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Practice of dentistry.

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

President Name	Street Address	City	State	Zip
DR. ALFRED J. COLETTI	550 Gauvin Dr.	Warwick	RI	02886

Vice President Name	Street Address	City	State	Zip
DR. ALFRED J. COLETTI	550 Gauvin Dr.	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
DR. ALFRED J. COLETTI	550 Gauvin Dr.	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
DR. ALFRED J. COLETTI	550 Gauvin Dr.	Warwick	RI	02886

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

Director Name	Street Address	City	State	Zip
DR. ALFRED J. COLETTI	550 Gauvin Dr.	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
600 No Par Value

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
100	Common	No Par Value

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] **FILED**

File Date MAR 06 2009
Check No. 82954
By: 2:33
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[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 Dr. Alfred J. Coletti *Date* 3-5-09

DR. ALFRED J. COLETTI
Print or Type Name

President
Title

Form 630 Rev. 08/08

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