

2. Name of Corporation

1. Corporate ID No.

3. Street Address Principal Business Office

1121 Centerville Rd.

4427

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02886

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Alfred J. Coletti, D.D.S. Ltd.

RI

State

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.

Warwick

4. Business Phone No. 5. State of Incorporation						
(401) 826-2400		Rhode Is	Rhode Island			
6. Brief Description of the Char		ed in Rhode Island				
Practice of de						
7. NAMES AND ADDRE President Name	SSES OF THE OFFIC	CERS: ("X" BOX FOR ATTA		PACES BEFORE USING	ATTACHMENTS	
			Vice President Name			
DR. ALFRED J. COLETTI Street Address			DR. ALFRED J. COLETTI			
550 Gauvin Dr.			Street Address 550 Gauvin Dr.			
City	State	Zip	Gity	·		
Warwick	RI	02886	Warwick	State RI	02886	
Secretary Name			Treasurer Name			
DR. ALFRED J. COLETTI			DR. ALFRED J. COLETTI			
Street Address			Street Address			
550 Gauvin Dr.			550 Gauvin Dr.			
City	State	Zip	City	State	Zip	
Warwick	RI	02886	Warwick	RI	02886	
8. NAMES AND ADDRES  Director Name	SSES OF THE DIREC	CTORS: ("X" BOX FOR ATT		SPACES BEFORE USING	ATTACHMENTS	
	I COLEMBI		Director Name			
DR. ALFRED .  Street Address	OUTEIII		Stepart Address			
550 Gauvin Dr.			Street Address			
City	State	Zip	City	State	716	
Warwick	RI	02886	City	Sizae	Zip	
Director Name			Director Name			
Street Address		···	Street Address			
			:			
City	State	Zip	City	State	Zip	
	1		:			
9. SHARES AUTHORIZE				("X" BOX FOR ATTACH	MENT) 🗌	
600 No Par Val			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	Par Value	
			100		1, , , , ,	
			100	Common	No Par Value	
This report must be aven	ntod on habalf of the		1			
this report must be execu	ated on behalf of the	corporation by an authorize corporation by the receiver of	o representative. It the co or trustee	orporation is in the hands	of a receiver or trustee,	
*		corporation by the receiver (	n austee.			
- FILE	And					
TILL	ייטין ע	10	Under penalty of p	erjury, I declare and affirm th	at I have examined this report	
	2000		contained herein ar		ements, and that all statement	
File Date MAR 06	ZUU3		D. Talled	1 P.	2 2 200	
O. A A L	71	-	NA AUME Signature	1 went	3-5-09	
Chicardo, XXY	M			J	Date	
01		T and amusai	DR. ALFRI	ED J. COLETTI		
By: 7 · 25	2	E: N9 8- 94M [10]				
FOR SECRETARY O	,	7	President			
. ON DECRETARI O			Title			
		PARTIE OF THE STATE	 <u>-                                   </u>		Form 630 Rev. 08/08	
	, p		-			