



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 2003

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. 4427		2. Name of Corporation Alfred J. Coletti, D.D.S. Ltd.					
3. Street Address Principal Business Office 1121 Centerville Rd.		City Warwick	State RI	Zip 02886			
4. Business Phone No. (401) 826-2400		5. State of Incorporation 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 DR. ALFRED J. COLETTI		Vice President Name DR. ALFRED J. COLETTI					
Street Address 550 Gauvin Dr.		Street Address 550 Gauvin Dr.					
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
Secretary Name DR. ALFRED J. COLETTI		Treasurer Name DR. ALFRED J. COLETTI					
Street Address 550 Gauvin Dr.		Street Address 550 Gauvin Dr.					
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name DR. ALFRED J. COLETTI		Director Name					
Street Address 550 Gauvin Dr.		Street Address					
City Warwick	State RI	Zip 02886	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED 600 No Par Value					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 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.

FILED

MAR 06 2009

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File Date	BY <u>AMF</u>
Check No.	<u>88954</u>
By:	<u>EC:2 WD 9-2007</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.

DR. ALFRED J. COLETTI 9-6-09
Signature Date

DR. ALFRED J. COLETTI

Print or Type Name

President

Title