



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-133.
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **4427** 2. Name of Corporation **Alfred J. Coletti, D.D.S. Ltd.**

3. Street Address Principal Business Office
1121 Centerville Road City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 826-2400** 5. State of Incorporation **RHODE ISLAND** 6. **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
practice of dentistry

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

President Name Dr. Alfred J. Coletti Street Address 550 Gauvin Avenue City Warwick State RI Zip 02886 Secretary Name Dr. Alfred J. Coletti Street Address SAME City _____ State _____ Zip _____	Vice President Name Dr. Alfred J. Coletti Street Address SAME City _____ State _____ Zip _____ Treasurer Name Dr. Alfred J. Coletti Street Address SAME City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dr. Alfred J. Coletti Street Address SAME City _____ State _____ Zip _____ Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____ Director Name Street Address City _____ State _____ Zip _____
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR VAL

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common/ no par
N/A

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: **3-1-01**

Check No.: **3975**

By: **RMF**

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 1/10/01
Signature of Officer Date

Dr. Alfred J. Coletti
Print or Type Name of Officer

President
Title of Officer