



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
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. SIC Code **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)

President Name Dr. Alfred J. Coletti	Vice President Name Dr. Alfred J. Coletti
Street Address 550 Gauvin Drive	Street Address SAME
City Warwick State RI Zip 02886	City SAME State RI Zip 02886
Secretary Name Dr. Alfred J. Coletti	Treasurer Name Dr. Alfred J. Coletti
Street Address SAME	Street Address SAME
City Warwick State RI Zip 02886	City SAME State RI Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Dr. Alfred J. Coletti	Director Name Dr. Alfred J. Coletti
Street Address SAME	Street Address SAME
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886
Director Name Dr. Alfred J. Coletti	Director Name Dr. Alfred J. Coletti
Street Address SAME	Street Address SAME
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

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

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

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

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: 2/13/98
Check No.: 2702
By: Kub
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 1/15/98
Signature of Officer Date
Dr. Alfred J. Coletti
Print or Type Name of Officer
President
Title of Officer