RI SOS Filing Number: 200948810910 Date: 08/04/2009 4:00 PM

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 2002

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			
000074893	James R. Mullane D.D.S., Ltd.			
3. Street Address Principal Business Office		City	State	Zip
24 Salt Pond Road, Suite D7		Wakefield	RI	02879
4. Business Phone No.	5. State of Incorporation			
401-78-0294	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Rendering professional service as a dentist, and all other allied legal operations

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

President Name			Vice President Name		
James R. Mullane					
Street Address			Street Address		
24 Salt Pond Road, Suite D7					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Secretary Name			Treasurer Name		
James R. Mullane			James R. Mullane		
Street Address			Street Address		
24 Salt Pond Road, Suite D7			24 Salt Pond Road, Suite D7		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879

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

Director Name			Director Name		
James R. Mullane					
Street Address			Street Address		
24 Salt Pond Road, Suite D7					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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
None		

RECEIVED
2009 AUG -4 A 9:03
SECRETARY OF STATE
CORPORATION DIV.

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
AUG 04 2009
By JMD

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY
36501-9-382199

[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 — *Date* 6/27/09

James R. Mullane
Print or Type Name

[redacted]

President
Title

Form 630 Rev. 08/08