



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 2010

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. 96939		2. Name of Corporation David L. Renaud, D.D.S. Ltd.			
3. Street Address Principal Business Office 1235 WAMPANOAG TRAIL			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. (401) 437-3320		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The Practice of Dentistry					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. David L. Renaud			Vice President Name Dr. David L. Renaud		
Street Address 1235 WAMPANOAG TRAIL			Street Address 1235 WAMPANOAG TRAIL		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name Dr. David L. Renaud			Treasurer Name Dr. David L. Renaud		
Street Address 1235 WAMPANOAG TRAIL			Street Address 1235 WAMPANOAG TRAIL		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. David L. Renaud			Director Name		
Street Address 1235 WAMPANOAG TRAIL			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 100	Class/Series COMMON	Par Value None

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.

File Date 2-11-2010
 Check No. 9090
 By: [Signature]
 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. David L. Renaud 2/11/10
 Signature Date
 Dr. David L. Renaud
 Print or Type Name
 President
 Title