



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2010

**1. Corporate ID No.** 000015065

**2. Name of Corporation** MILESTONE DENTAL CARE, INC.

**3. Street Address Principal Business Office:**

No. and Street: 94 EAST MAIN ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

**4. Business Phone No.**

4018463214

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

DENTAL PRACTICE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| TREASURER      | M. KATHLYN NELSON                                     | 230 TUCKERMAN AVE<br>MIDDLETOWN, RI 02842 USA                     |
| SECRETARY      | PAUL E NELSON   | 230 TUCKERMAN AVE<br>MIDDLETOWN, RI 02842 USA                     |
| PRESIDENT      | M. KATHLYN NELSON DMD                                 | 230 TUCKERMAN AVENUE<br>MIDDLETOWN, RI 02842- USA                 |
| VICE PRESIDENT | PAUL E NELSON   | 230 TUCKERMAN AVE<br>MIDDLETOWN, RI 02842 USA                     |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| STK            |                 | \$0.00              | 800.00   | 800  |

**9. 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.**

**Signed this 8 Day of March, 2010 at 3:47:19 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By M. KATHLYN NELSON, DMD  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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