



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. 17205		2. Name of Corporation PERIODONTAL ASSOCIATES, LTD.		
3. Street Address Principal Business Office 189 GOVERNOR STREET		City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 4014216464		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island PERIODONTAL DENTAL PRACTICE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jeffrey B. Shapiro		Vice President Name None		
Street Address 34 Cove Drive		Street Address		
City Charlestown	State RI	Zip 02813	City	State RI
Secretary Name Jeffrey B. Shapiro		Treasurer Name Jeffrey B. Shapiro		
Street Address 34 Cove Drive		Street Address 34 Cove Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jeffrey B. Shapiro		Director Name None		
Street Address 34 Cove Drive		Street Address		
City Charlestown	State RI	Zip 02813	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.		Number of Shares	Class/Series	Par Value
		100	Common	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.

FILED

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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 3/4/10

Jeffrey B. Shapiro

Print or Type Name

President

Title

File Date _____
Check No. _____ BY _____
By: _____
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