



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
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

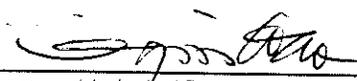
* In accordance with R.I.G.L. 7-16-66 (b), a limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law - R.I.G.L. 7-16-66 (b)(2), is subject to a penalty fee of \$25.00.

1. ID No. 164523		2. Exact name of the limited liability company May D. Gao, DMD, MS, LLC	
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Operation of a dental practice.	
5. Principal office address 1050 Main Street, Suite #29		City East Greenwich	State RI
			Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name May D. Gao, DMD		Contact Title Member	
Street Address 1050 Main Street, Suite #29		City East Greenwich	State RI
			Zip 02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

164523

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.

 9-14-10
Signature of Authorized Person Date

May D. Gao, DMD

Print or Type Name of Authorized Person

File Date	9-20-2010
Check No.	2713
By	MDC
FOR SECRETARY OF STATE USE ONLY	