



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 2011

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. 5221		2. Name of Corporation Angell Street Dental Associates, Inc.			
3. Street Address Principal Business Office 425 Angell Street			City Providence	State RI	Zip 02906
4. Business Phone No. 401/272-2331		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General Dentistry.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles M. Riotto, DMD			Vice President Name Thomas G. DePetrillo, DMD		
Street Address 40 Water Way			Street Address 33 Branch Lane		
City Barrington	State RI	Zip 02806	City N. Scituate	State RI	Zip 02857
Secretary Name Thomas G. DePetrillo, DMD			Treasurer Name Charles M. Riotto, DMD		
Street Address 33 Branch Lane			Street Address 40 Water Way		
City N. Scituate	State RI	Zip 02857	City Barrington	State RI	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles M. Riotto, DMD			Director Name Thomas G. DePetrillo, DMD		
Street Address 40 Water Way			Street Address 33 Branch Lane		
City Barrington	State RI	Zip 02806	City N. Scituate	State RI	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"/>					
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 150	Class/Series common	Par Value no par value
THIS SECTION MUST BE COMPLETED					

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

File Date JAN 20 2011

Check No. By [Signature]

By: 12327

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.

[Signature] 1/10/11
Signature Date

Charles M. Riotto, DMD
Print or Type Name

President & Director
Title