



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. 499183		2. Name of Corporation Coastal Oral Maxillofacial Surgery & Implants			
3. Street Address Principal Business Office 70 Kenyon Avenue, Suite 214			City Wakefield	State RI	Zip 02879
4. Business Phone No. (401) 788-2899		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Oral, maxillofacial surgery and implants.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin D. Kiely			Vice President Name N/A		
Street Address 70 Kenyon Avenue, Suite 214			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Kevin D. Kiley			Treasurer Name Kevin D. Kiley		
Street Address 70 Kenyon Avenue, Suite 214			Street Address 70 Kenyon Avenue, Suite 214		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 -0-

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	FILED
Check No.	FEB 07 2011
By:	BY <u>1674</u>
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 [Signature] Date 1-21-11
 Kevin D. Kiely
 Print or Type Name
 President
 Title