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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.	2. Name of Corporation			
80907	DAVID J. WARD, D.M.D., P.C.			
3. Street Address Principal Business Office		City	State	Zip
535 Reservoir Road		Pascoag	RI	02859
4. Business Phone No.	5. State of Incorporation			
401-672-2422	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
General practice of dentistry

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
David J. Ward, D.M.D.			David J. Ward, D.M.D.		
Street Address			Street Address		
535 Reservoir Road			535 Reservoir Road		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Pascoag	RI	02859
Secretary Name			Treasurer Name		
David J. Ward, D.M.D.			David J. Ward, D.M.D.		
Street Address			Street Address		
535 Reservoir Road			535 Reservoir Road		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Pascoag	RI	02859

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
David J. Ward, D.M.D.					
Street Address			Street Address		
535 Reservoir Road					
City	State	Zip	City	State	Zip
Pascoag	RI	02859			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par
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.

[redacted]

[redacted]

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 DJWDMD 2/16/11 *Date*

David J. Ward, D.M.D.
Print or Type Name

[redacted] President
Title

FILED
File Date FEB 2 2 2011
Check No. 5296
By BY
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