

A. Ralph Mollis, Secretary of Stat Corporations Division 148 W. River Stree Providence, RI 02904-261

401.222.304

* 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. 114908	, ·	me of Corporation nony J. Tilelli, D.D.S,., Inc.				
3. Street Address Principal Business Office 1230 Greenwich Avenue			Ctty Warwick	State RI	^{Zip} 02886	
4. Business Phone No. 401-739-9250		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of To engage in the general pro	actice of dentistry					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Anthony J. Tilelli, D.D.S.			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Anthony J. Tilelli, D.D.S.			
Street Address 73 Saxony Drive			Street Address 73 Saxony Drive			
City Warwick	State RI	^{Zip} 02886	<i>City</i> Warwick	State RI	^{Zip} 02886	
Secretary Name Anthony J. Tilelli, D.D.S.			Treasurer Name Anthony J. Tilelli, D.D.S.			
Street Address 73 Saxony Drive			Street Address 73 Saxony Drive			
<i>Сиу</i> Warwick	State RI	^{Zip} 02886	^{City} Warwick	State RI	^{Zip} 02886	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 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) 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	
			1,000	COMMON	NO PAR	
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpor	ation 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		JUN 03 2011			
Check No.		4-0-1			
Ву:	BY_	3 184			
P	OR SECRETA	ARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affiring any accompanying schedules and contained herein are true and correct.				
(1),(000)	6	1	(u	
i gnature	Date		1	-
Anthony J. Tilelli, D.D.S				
Print or Type Name			77.44.44.4	-
President				
Title	Form 630 Rev 08/08			