

FOR SECRETARY OF STATE USE ONLY

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 neutly fee of \$25.00

3. Street Address Principal Business Office 60 ALHAMBRA ROAD, UNIT #4			City WARWICK	State	Zip	
4. Business Phone No. 5. State of Incorporation				RI	02886	
(401) 739-3420 RHODE ISLAND						
6. Brief Description of the C PRACTICE OF GEN	baracter of Business Condu VERAL AND COSME	cted in Rhode Island TIC DENTISTRY				
7. NAMES AND ADD	RESSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name PAUL A. SASSO			Vice President Name			
Street Address			TAMARA SASSO	Street Address		
60 ALHAMBRA ROAD, UNIT #4				60 ALHAMBRA ROAD, UNIT #4		
WARWICK	State RI	^{Zip} 02886	WARWICK	State RI	^{Zip} 02886	
Secretary Name TAMARA SASSO			Treasurer Name PAUL A. SASSO			
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA RO	Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	^{Zip} 02886	City	State	Zip	
	4	1 7 7		RI N SBACES BEFORE HISINI	02886	
Director Name		Derono. (M BOM TON	Director Name	N SPACES BEFORE USING	G ATTACHMENTS	
PAUL A. SASSO			TAMARA SASSO			
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA RO	Street Address 60 ALHAMBRA ROAD, UNIT #4		
City:	State	Zip	City	State	Ray Say	
WARWICK Director Name	RI	02886	WARWICK	[RI	702886	
			Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. SHARES AUTHORI	 ZED		10.000.000		10	
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This information is currently of record in the Office of the Secretary of				Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of			100	COMMON	NO PAR	
instruction sheet.					101711	
This report must be ex	xecuted on behalf of t	he corporation by an autho	rized representative. If the	corporation is in the hands	of a receiver or trustee	
this report must be ex	ecuted on behalf of th	e corporation by the receive	er or trustee.		or a receiver or tradece,	
				perjury, I declare and affirm to companying schedules and sta		
	rii En		contained herein	are true and correct.	of /	
File Date	FILED		Mul (el Jane	9/1/11	
Check No	P 0 1 2011		Signature		Delle	
	O MIST	2511	PAUL A. S			
By:By		/ /	Print or Type Nam			
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Title