



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 2012**

**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. 109930		2. Name of Corporation DENISE M. GOODMAN DMD, INC.			
3. Street Address Principal Business Office 690 SHERMAN FARM ROAD			City HARRISVILLE	State RI	Zip 02830
4. Business Phone No. 401-568-3300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF DENTISTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENISE M. GOODMAN			Vice President Name DENISE M GOODMAN		
Street Address 690 SHERMAN FARM ROAD			Street Address 690 SHERMAN FARM RD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name DENISE M. GOODMAN			Treasurer Name DENISE M. GOODMAN		
Street Address 690 SHERMAN FARM ROAD			Street Address 690 SHERMAN FARM ROAD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DENISE M. GOODMAN			Director Name		
Street Address 690 SHERMAN FARM ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	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	Class/Series	Par Value	
		100		NO PAR	

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 2012

Check No. 2837

By: [Signature]

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] 1/12/12  
Signature Date  
DENISE M. GOODMAN 1/12/12  
Print or Type Name  
PRESIDENT  
Title