



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. 11621		2. Name of Corporation MARK S. BICHAJIAN, DMD, INC.		
3. Street Address Principal Business Office 708 WARWICK AVE		City WARWICK	State RI.	Zip 02888
4. Business Phone No. 401-785-2111		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MARK S. BICHAJIAN, DMD.		Vice President Name MARK S. BICHAJIAN, DMD.		
Street Address 55 BEECHWOOD DRIVE		Street Address 55 BEECHWOOD DRIVE		
City CRANSTON	State RI.	Zip 02921	City CRANSTON	State RI.
Secretary Name MARK S. BICHAJIAN, DMD.		Treasurer Name MARK S. BICHAJIAN, DMD.		
Street Address 55 BEECHWOOD DRIVE		Street Address 55 BEECHWOOD DRIVE		
City CRANSTON	State RI.	Zip 02921	City CRANSTON	State RI.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name MARK S. BICHAJIAN, DMD.		Director Name		
Street Address 55 BEECHWOOD DRIVE		Street Address		
City CRANSTON	State RI.	Zip 02921	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 SHARES	Class/Series COMMON	Par Value NO PAR VALUE

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 31 2012**

Check No. **BY [Signature]**

By: **35085**

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]** 1-28-12  
Signature Date  
**DR MARK BICHAJIAN**  
Print or Type Name  
**PRESIDENT**  
Title