



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  
401.222.3030

**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.<br><b>4532</b>   |                    | 2. Name of Corporation<br><b>Charles P. Columpar, Jr., D.M.D., Inc.</b> |   |                               |                            |
| 3. Street Address Principal Business Office<br><b>477 East Main Road</b>   |                    |   | City<br><b>Middletown</b>   | State<br><b>RI</b>            | Zip<br><b>02842</b>        |
| 4. Business Phone No.<br><b>401-846-6265</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>                        |   |                               |                            |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>dental services</b>  |                    |   |   |                               |                            |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |   |                               |                            |
| President Name<br><b>Wayne A. LaBore, D.D.S.</b>   |                    |   | Vice President Name<br><b>None</b>                                  |                               |                            |
| Street Address<br><b>477 East Main Road</b>  |                    |   | Street Address  |                               |                            |
| City<br><b>Middletown</b>  | State<br><b>RI</b> | Zip<br><b>02842</b>   | City  | State                         | Zip                        |
| Secretary Name<br><b>Wayne A. LaBore, D.D.S.</b>   |                    |   | Treasurer Name<br><b>Wayne A. LaBore, D.D.S.</b>                    |                               |                            |
| Street Address<br><b>477 East Main Road</b>  |                    |   | Street Address<br><b>477 East Main Road</b>                         |                               |                            |
| City<br><b>Middletown</b>  | State<br><b>RI</b> | Zip<br><b>02842</b>   | City<br><b>Middletown</b>   | State<br><b>RI</b>            | Zip<br><b>02842</b>        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |   |                               |                            |
| Director Name<br><b>Wayne A. LaBore, D.D.S.</b>  |                    |   | Director Name   |                               |                            |
| Street Address<br><b>477 East Main Road</b>  |                    |   | Street Address  |                               |                            |
| City<br><b>Middletown</b>  | State<br><b>RI</b> | Zip<br><b>02842</b>   | 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 <b>MUST</b> BE COMPLETED               |                               |                            |
|  |                    |   | Number of Shares<br><b>100</b>                                      | Class/Series<br><b>Common</b> | Par Value<br><b>\$1.00</b> |

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 **FEB 02 2012**  
Check No. \_\_\_\_\_  
By: **1889**  
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.

**Wayne A. LaBore** 16 JAN 12  
Signature Date  
**Wayne A. LaBore, D.D.S.**  
Print or Type Name  
**President**  
Title