



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.<br>000125384                                                                                                                           |             | 2. Name of Corporation<br>Ernesto A. Piedra, D.D.S., LTD. |                                                                     |                      |                   |
| 3. Street Address Principal Business Office<br>12 Breakneck Hill Road                                                                                      |             |                                                           | City<br>Lincoln                                                     | State<br>RI          | Zip<br>02865      |
| 4. Business Phone No.<br>401.727.2460                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island                 |                                                                     |                      |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Professional Services for a Dental Practice                                 |             |                                                           |                                                                     |                      |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                           |                                                                     |                      |                   |
| President Name<br>Ernesto A. Piedra                                                                                                                        |             |                                                           | Vice President Name<br>NONE                                         |                      |                   |
| Street Address<br>12 Breakneck Hill Road                                                                                                                   |             |                                                           | Street Address                                                      |                      |                   |
| City<br>Lincoln                                                                                                                                            | State<br>RI | Zip<br>02865                                              | City                                                                | State                | Zip               |
| Secretary Name<br>NONE                                                                                                                                     |             |                                                           | Treasurer Name<br>NONE                                              |                      |                   |
| Street Address                                                                                                                                             |             |                                                           | Street Address                                                      |                      |                   |
| City                                                                                                                                                       | State       | Zip                                                       | City                                                                | State                | Zip               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                           |                                                                     |                      |                   |
| Director Name<br>NONE                                                                                                                                      |             |                                                           | Director Name<br>NONE                                               |                      |                   |
| Street Address                                                                                                                                             |             |                                                           | Street Address                                                      |                      |                   |
| City                                                                                                                                                       | State       | Zip                                                       | City                                                                | State                | Zip               |
| Director Name<br>NONE                                                                                                                                      |             |                                                           | Director Name<br>NONE                                               |                      |                   |
| 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<br>NONE                                            | Class/Series<br>NONE | Par Value<br>NONE |
|                                                                                                                                                            |             |                                                           |                                                                     |                      |                   |

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 06 2012  
Check No.: 9450  
By: \_\_\_\_\_  
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: Ernesto A. Piedra Date: 1/20/12  
Print or Type Name: ERNESTO A. PIEDRA DDS  
Title: PRESIDENT