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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.	2. Name of Corporation		
1558	ATTLEBORO-CUMBERLAND ORAL SURGEONS, INC.		
3. Street Address Principal Business Office	City	State	Zip
3353 MENDON ROAD	CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation		
401-658-2224	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
PRACTICE OF DENTISTRY AND ORAL SURGEONS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
JOHN F. BIERNACKI	MARK D. SCHENKMAN
Street Address: 3353 MENDON ROAD	Street Address: 53 PEARL STREET
City: CUMBERLAND / State: RI / Zip: 02864	City: ATTLEBORO / State: MA / Zip: 02760
Secretary Name: DR. JOHN F. BIERNACKI	Treasurer Name: DR. MARK D. SCHENKMAN
Street Address: 3353 MENDON ROAD	Street Address: 53 PEARL STREET
City: CUMBERLAND / State: RI / Zip: 02864	City: ATTLEBORO / State: MA / Zip: 02760

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
JOHN F. BIERNACKI	MARK D. SCHENKMAN
Street Address: 3353 MENDON ROAD	Street Address: 53 PEARL STREET
City: CUMBERLAND / State: RI / Zip: 02864	City: ATTLEBORO / State: MA / Zip: 02760
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2000	COMMON	NONE
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

[redacted]

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 — *Date* 1/27/2012

JOHN F. BIERNACKI
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 27 2012
By: By

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Form 630 Rev. 08/08