



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. 36960		2. Name of Corporation NORTH PROVIDENCE DENTAL ASSOCIATION, INC.			
3. Street Address Principal Business Office 1635 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 4010-353-0800		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DENTAL, ORTHODONTAL AND ORAL SURGICAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER MACGILLIVRAY			Vice President Name PETER MACGILLIVRAY		
Street Address 1635 MINERAL SPRING AVENUE			Street Address 1635 MINERAL SPRING AVENUE		
City N. PROVIDENCE	State RI	Zip 02904	City N. PROVIDENCE	State RI	Zip 02904
Secretary Name PETER MACGILLIVRAY			Treasurer Name PETER MACGILLIVRAY		
Street Address 1635 MINERAL SPRING AVENUE			Street Address 1635 MINERAL SPRING AVENUE		
City N. PROVIDENCE	State RI	Zip 02904	City N. PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PETER MACGILLIVRAY			Director Name		
Street Address 1635 MINERAL SPRING AVENUE			Street Address		
City N. PROVIDENCE	State RI	Zip 02904	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 <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value W/O 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 **MAR 09 2012**
Check No. **3702**
By: **PETER A. MACGILLIVRAY**

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.

PETER A. MACGILLIVRAY **D.D.S.** **2/8/12**
Signature Date
PETER A. MACGILLIVRAY
Print or Type Name
PRESIDENT
Title