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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			
15076	ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.			
3. Street Address Principal Business Office		City	State	Zip
266 WAYLAND AVENUE		PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation			
401-751-8046	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL SERVICES

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

President Name			Vice President Name		
ERNEST P. VOTOLATO, D.M.D.			FRANK A. PAZIENZA, D.D.S.		
Street Address			Street Address		
266 WAYLAND AVENUE			266 WAYLAND AVENUE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906
Secretary Name			Treasurer Name		
FRANK A. PAZIENZA, D.D.S.			ERNEST P. VOTOLATO, D.M.D.		
Street Address			Street Address		
266 WAYLAND AVENUE			266 WAYLAND AVENUE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906

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

Director Name			Director Name		
ERNEST P. VOTOLATO, D.M.D.			FRANK A. PAZIENZA, D.D.S.		
Street Address			Street Address		
266 WAYLAND AVENUE			266 WAYLAND AVENUE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR

RECEIVED
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SECRETARY OF STATE
CORPORATIONS DIV

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]

FILED 1157
MAR 16 2012
BY R 160672

File Date _____
Check No. _____
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.

Ernest P. Votolato, DMD 3-8-12
Signature *Date*

ERNEST P. VOTOLATO, D.M.D.
Print or Type Name

[redacted] PRESIDENT
Title

74561-12-734604

Form 630 Rev. 12/06