



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>11621</u>		2. Exact name of the Corporation <u>MARK S. BICHAJIAN, DMD INC.</u>		
3. Principal office address <u>708 WARWICK AVE</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
4. Business Phone No. <u>401-785-2111</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island ✓				
<b>7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
President Name <u>MARK S. BICHAJIAN, DMD.</u>		Vice-President Name <u>MARK S. BICHAJIAN, DMD</u>		
Street Address <u>55 BEECHWOOD DRIVE</u>		Street Address <u>55 BEECHWOOD DRIVE</u>		
City <u>CRAVSTON,</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRAVSTON,</u>	State <u>RI</u>
Secretary Name <u>MARK S. BICHAJIAN, DMD.</u>		Treasurer Name <u>MARK S. BICHAJIAN, DMD.</u>		
Street Address <u>55 BEECHWOOD DRIVE</u>		Street Address <u>55 BEECHWOOD DRIVE</u>		
City <u>CRAVSTON,</u>	State <u>RI.</u>	Zip <u>02921</u>	City <u>CRAVSTON,</u>	State <u>RI.</u>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
Director Name <u>MARK S. BICHAJIAN, DMD.</u>		Director Name		
Street Address <u>55 BEECHWOOD DRIVE</u>		Street Address		
City <u>CRAVSTON,</u>	State <u>RI.</u>	Zip <u>02921</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
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.				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
<u>100 SHARES</u>		<u>COMMON</u>	<u>NO PAR VALUE</u>	

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  
 JAN 23 2013  
 BY 35950

**FILED**

**JAN 23 2013**

BY 35950

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.

Mark Bichajian 1/23/13  
 Signature of Authorized Representative Date

DR MARK BICHAJIAN  
 Print or Type Name of Authorized Representative