



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. 7530		2. Exact name of the Corporation HIGHLAND DENTAL GROUP, INC.			
3. Principal office address 1189 Smithfield Avenue			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-728-6350			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Rendering professional and personal services as dentists and oral surgeons.					
OFFICERS AND DIRECTORS					
President Name Larry M. Forti			Vice-President Name Larry M. Forti		
Street Address 1189 Smithfield Avenue			Street Address 1189 Smithfield Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Larry M. Forti			Treasurer Name Larry M. Forti		
Street Address 1189 Smithfield Avenue			Street Address 1189 Smithfield Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
ADDITIONAL DIRECTORS					
Director Name Larry M. Forti			Director Name		
Street Address 1189 Smithfield Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES ISSUED					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	Common	No 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

JAN 23 2013

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.

Larry M. Forti
 Signature of Authorized Representative 1/10/2013
 Date

Larry M. Forti
 Print or Type Name of Authorized Representative