



**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. <b>7530</b>		2. Exact name of the Corporation <b>HIGHLAND DENTAL GROUP, INC.</b>			
3. Principal office address <b>1189 Smithfield Avenue</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>401-728-6350</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Rendering professional and personal services as dentists and oral surgeons.</b>					
<b>OFFICERS AND DIRECTORS (NAME AND ADDRESS - SEE INSTRUCTIONS FOR ATTACHMENT)</b>					
President Name <b>Larry M. Forti</b>			Vice-President Name <b>Larry M. Forti</b>		
Street Address <b>1189 Smithfield Avenue</b>			Street Address <b>1189 Smithfield Avenue</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Larry M. Forti</b>			Treasurer Name <b>Larry M. Forti</b>		
Street Address <b>1189 Smithfield Avenue</b>			Street Address <b>1189 Smithfield Avenue</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
<b>ADDITIONAL DIRECTORS (NAME AND ADDRESS - SEE INSTRUCTIONS FOR ATTACHMENT)</b>					
Director Name <b>Larry M. Forti</b>			Director Name		
Street Address <b>1189 Smithfield Avenue</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES ISSUED (SEE INSTRUCTIONS FOR ATTACHMENT)</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.			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*

**1/10/2013**

Signature of Authorized Representative

Date

**Larry M. Forti**

Print or Type Name of Authorized Representative