



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. 000123780		2. Exact name of the Corporation DENTAL ASSOCIATES OF NORTH SMITHFIELD PROFESSIONAL CORPORATION			
3. Principal office address 747 VICTORY HIGHWAY			City SLATERSVILLE	State RI	Zip 02876
4. Business Phone No. (401) 766-2800			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PRACTICE OF DENTISTRY, INCLUDING THE PERFORMANCE OF ALL DENTAL AND RELATED SERVICES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH I. MALLOUH, DDS			Vice-President Name JOSEPH I. MALLOUH, DDS		
Street Address 747 VICTORY HIGHWAY			Street Address 747 VICTORY HIGHWAY		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
Secretary Name JOSEPH I. MALLOUH, DDS			Treasurer Name JOSEPH I. MALLOUH, DDS		
Street Address 747 VICTORY HIGHWAY			Street Address 747 VICTORY HIGHWAY		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8,000	CWP	\$0.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 31 2013

4/20

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.

Joseph I. Mallouh, DDS
 Signature of Authorized Representative

1/30/13
 Date

JOSEPH I. MALLOUH, DDS

Print or Type Name of Authorized Representative