



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

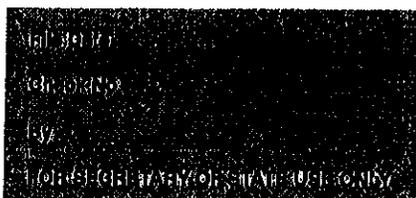
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 728054		2. Exact name of the Corporation Dr. Dental of Warwick, P.C.			
3. Principal office address 300 Quaker Lane, #9			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-822-3400		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dentistry					
President Name Julia Faigel			Vice-President Name Julia Faigel		
Street Address 89 Needham Street			Street Address 89 Needham Street		
City Newton	State MA	Zip 02461	City Newton	State MA	Zip 02461
Secretary Name Julia Faigel			Treasurer Name Julia Faigel		
Street Address 89 Needham Street			Street Address 89 Needham Street		
City Newton	State MA	Zip 02461	City Newton	State MA	Zip 02461
SHAREHOLDERS (NAME AND ADDRESS (OR P.O. BOX FOR MAILING))					
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
SHARES OUTSTANDING					
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	
1000		Common		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.



FILED

MAR 21 2013

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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.

Julia Faigel 3-11-13
 Signature of Authorized Representative Date

Julia Faigel, President
 Print or Type Name of Authorized Representative