RI SOS Filing Number: 201432984810 Date: 01/14/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation		
7530	**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.**			

[illegible] ATTACH ☐

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**

(NAME AND ADDRESS OF STOCKHOLDERS) ATTACH ☐

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

10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐

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.

[redacted]

FILED
JAN 14 2014
BY 322109

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, President 1/10/2014
Signature of Authorized Representative Date

Larry M. Forti
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
101540-3-904114