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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		
484586	Distinctive Dentistry Inc.		
3. Principal office address: 41 Sanderson Road, Suite 106	City: Smithfield	State: RI	Zip: 02917
4. Business Phone No.: (401) 949-1420	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Dentistry			

President Name: Derek Hathaway			Vice-President Name: Derek Hathaway		
Street Address: 41 Sanderson Road, Suite 106			Street Address: 41 Sanderson Road, Suite 106		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Derek Hathaway			Treasurer Name: Derek Hathaway		
Street Address: 41 Sanderson Road, Suite 106			Street Address: 41 Sanderson Road, Suite 106		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

Director Name: Derek Hathaway			Director Name:		
Street Address: 41 Sanderson Road, Suite 106			Street Address:		
City: Smithfield	State: RI	Zip: 02917	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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SECRETARY OF STATE
CORPORATIONS DIV

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
	100	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.

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.

FILED*

Signature of Authorized Representative — Date: 3/18/14

Derek Hathaway
Print or Type Name of Authorized Representative

MAR 2 5 2014

BY 220768

Form No. 630 CK# 10915
Revised: 01/2012

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