



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 2015

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 DENTAL AND RELATES 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				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
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	
				8000	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

Form No. 630
Revised: 01/2012

FILED
JAN 23 2015
 BY 4780

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 Mallouh DDS 1/15/15
 Signature of Authorized Representative Date

JOSEPH I. MALLOUH, DDS
 Print or Type Name of Authorized Representative