



**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. Entry ID No. <b>116464</b>		2. Exact name of the Corporation <b>Susanne Y. Lavoie, DDS, Inc.</b>			
3. Principal office address <b>1481 Atwood Avenue, Suite 3</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-228-7550</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To conduct a professional dental practice.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>Susanne Y. Lavoie, DDS</b>			Vice-President Name <b>Susanne Y. Lavoie, DDS</b>		
Street Address <b>154 Bear Hill Road, #603</b>			Street Address <b>Same</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02684-6023</b>	City	State	Zip
Secretary Name <b>Susanne Y. Lavoie, DDS</b>			Treasurer Name <b>Susanne Y. Lavoie, DDS</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Susanne Y. Lavoie, DDS</b>			Director Name		
Street Address <b>Same</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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 shares	Common	\$1.00

*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**

**FEB 02 2015**

BY 264

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.

Signature of Authorized Representative

**Susanne Y. Lavoie, DDS**

Print or Type Name of Authorized Representative

1/29/15  
Date

SUSANNE Y. LAVOIE, DDS, INC.  
Corporate ID No. 116464  
2015

Names and Addresses of Officers

Assistant Secretary:  
Richard H. Gregory III  
5 Benefit Street, Providence, RI 02904

Assistant Treasurer:  
Jeanne C. Cairns  
1481 Atwood Avenue, Suite 3  
Johnston, RI 02919

**FILED**  
FEB 02 2015  
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