

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.

		LE THIS REPORT BY M	ARCH 31 WILL RES	ULT IN A \$25.00 PENA	ALTY FEE.
1. Entity ID No. 110218	, and the second				
110210					
3. Principal office address 400 Bald Hill Road			City Warwick	State RI	Zip 02886
Business Phone No. 401-732-0306			5. State of Incorporation Rhode Island		
	ractice of denti	s conducted in Rhode Island stry and to own and		ffice for the purpos	e of providing
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDE	ESSES) ("X" BOX FOR A	TACHMENT)	er en finde fra de grande de se	
President Name David J. O'Laughlin, D.D.S.			Vice-President Name Leon G. Danish, D.D.S.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name David J. O'Laughlir	n, D.D.S.		Treasurer Name Leon G. Danish, D.D.S.		
treet Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	Particular states that make the	
pirector Name David J. O'Laughlin, D.D.S.			Director Name Leon G. Danish, D.D.S.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Ro	oad	
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name None	,		Director Name None		
Street Address			Street Address		• •
City	State	Zip	City	State	Zip
SHARES AUTHORIZED			10 SHARES ISSUED	("X" BOX FOR ATTACH	MENT)
The second secon		The second secon	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
nis information is currently of record in the Office of the Secretary State. Changes require an additional filing. se Section 9 of instruction sheet.		200	Common	No Par Value	
This report must be execu		corporation by an authorize st be executed on behalf of			of a receiver or trustee,
avarimentikaller siaverti pikarlidi i (1)	,		, ,	eriury. I declare and affir	m that I have examined

File Date Check No By:	FEB 1 7 2015	Under penalty of perjury, I declare and affirm that I have examined this report Including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY BY	10000	David J. O'Laughlin, D.D.S.		
		- Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012