



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. 8854		2. Exact name of the Corporation Medical-Dental Consultants, Inc.								
3. Principal office address 35 Sockanosset Crossroad			City Cranston	State RI	Zip 02920					
4. Business Phone No. 401-943-2200		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Management consulting.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name Harold A. Nelson			Vice-President Name Gregory S. Allin							
Street Address 85 Shaw Drive			Street Address 128 Silverwood Lane							
City North Scituate	State RI	Zip 02857	City West Warwick	State RI	Zip 02893					
Secretary Name Steven Fleming			Treasurer Name Gordon A. Nelson							
Street Address 54 Edmonds Circle			Street Address 14 Eric Court							
City Whitinsville	State MA	Zip 01588	City Cranston	State RI	Zip 02921					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
Director Name Harold A. Nelson			Director Name Gregory S. Allin							
Street Address 85 Shaw Drive			Street Address 128 Silverwood Lane							
City North Scituate	State RI	Zip 02857	City West Warwick	State RI	Zip 02893					
Director Name Steven Fleming			Director Name Gordon A. Nelson							
Street Address 54 Edmonds Circle			Street Address 14 Eric Court							
City Whitinsville	State MA	Zip 01588	City Cranston	State RI	Zip 02921					
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		
						1000	COMMON	NO PAR		

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
MAR 02 2015

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.

Harold A. Nelson President *2/12/15*
 Signature of Authorized Representative Date

Harold A. Nelson, President
 Print or Type Name of Authorized Representative

BY 23923

Attachment to Rhode Island Annual Report

MEDICAL-DENTAL CONSULTANTS, INC.

35 Socknosset Crossroad

Cranston, RI 02920

CORPORATION ID # 8854

ADDITIONAL OFFICER

Ryan J. Holzinger, Vice President

37 North Elmore Avenue

North Providence, RI 02911

ADDITIONAL DIRECTOR

Ryan J. Holzinger

37 North Elmore Avenue

North Providence, RI 02911

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MAR 02 2015

BY 8854