



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. <u>000483315</u>		2. Exact name of the Corporation <u>Beagan Dental, P.C.</u>			
3. Principal office address <u>95 Sockanisset Cross Rd., Suite 301</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
4. Business Phone No. <u>(401) 942-0300</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Dentistry</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Bryan F. Beagan</u>			Vice-President Name <u>NA</u>		
Street Address <u>95 Sockanisset Cross Rd., Suite 301</u>			Street Address <u>NA</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>
Secretary Name <u>NA</u>			Treasurer Name <u>NA</u>		
Street Address <u>NA</u>			Street Address <u>NA</u>		
City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>	City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>NA</u>			Director Name <u>NA</u>		
Street Address <u>NA</u>			Street Address <u>NA</u>		
City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>	City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>
Director Name <u>NA</u>			Director Name <u>NA</u>		
Street Address <u>NA</u>			Street Address <u>NA</u>		
City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>	City <u>NA</u>	State <u>NA</u>	Zip <u>NA</u>
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			<u>8,000.00</u>	<u>STK</u>	<u>\$0.0100</u>

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

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.

Jimmy Beagan 3/20/15
Signature of Authorized Representative Date

Tammy Beagan - Office Manager
Print or Type Name of Authorized Representative

MAR 26 2015

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