



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.

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|--|--------------------|---|--------------------------------------|---------------------|
| 1. Entity ID No. <u>157090</u> | | 2. Exact name of the Corporation <u>Molar Dental, Ltd.</u> | | |
| 3. Principal office address <u>572 Smithfield Road, Unit 17</u> | | City <u>North Providence</u> | State <u>RI</u> | Zip <u>02904</u> |
| 4. Business Phone No. <u>(401) 256-5250</u> | | 5. State of Incorporation <u>Rhode Island</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>Neil J. Leahy, DMD</u> | | Vice-President Name | | |
| Street Address <u>572 Smithfield Rd, Unit 17</u> | | Street Address | | |
| City <u>N. Providence</u> | State <u>RI</u> | Zip <u>02904</u> | City | State |
| Secretary Name <u>Neil J. Leahy, DMD</u> | | Treasurer Name <u>Neil J. Leahy DMD</u> | | |
| Street Address <u>572 Smithfield Rd, Unit 17</u> | | Street Address <u>572 Smithfield Rd Unit 17</u> | | |
| City <u>N. Providence</u> | State <u>RI</u> | Zip <u>02904</u> | City <u>N. Providence</u> | State <u>RI</u> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED | | | | |
| 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. | | | | |
| 10. SHARES ISSUED (X) BOX FOR ATTACHMENT | | | | |
| NUMBER OF SHARES <u>100 shares</u> | | CLASS/SERIES <u>Common stock</u> | PAR VALUE <u>\$1.00 per share</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

FILED

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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.

Neil J. Leahy DMD 9/8/15
 Signature of Authorized Representative Date
Neil J. Leahy DMD
 Print or Type Name of Authorized Representative

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 CORPORATIONS DIV
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