



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>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 Zip
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> Zip <u>02904</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 Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
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
STAMP: SEP 08 2015
BT 255894
11:30

FILED

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