



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 2016

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. 110218		2. Exact name of the Corporation Danish & O'Laughlin, D.D.S. & Associates, Inc.			
3. Principal office address 400 Bald Hill Road		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-732-0306		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the practice of dentistry and to own and operate a dental office for the purpose of providing dental care and treatment.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David J. O'Laughlin, D.D.S.			Vice-President Name Caroline M. 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'Laughlin, D.D.S.			Treasurer Name Caroline M. 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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David J. O'Laughlin, D.D.S.			Director Name Caroline M. 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
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			200	Common	No Par Value

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.

David J. O'Laughlin 1-11-16
 Signature of Authorized Representative Date
David J. O'Laughlin, D.D.S.
 Print or Type Name of Authorized Representative

FILED

JAN 29 2016

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