RI SOS Filing Number: 201857131390 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

**Annual Report for the year: 2018**
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 20340 | UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 1370 South County Trail, lower level | East Greenwich | RI | 02818 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 621210 | oral surgeons' office |
| 5. State of Incorporation: RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Francis A. Connor, Jr. | | | Vice-President Name: Steven A. Brown | | |
| Street Address: 1370 South County Trail, lower level | | | Street Address: 1370 South County Trail, lower level | | |
| City: East Greenwich | State: RI | Zip: 02818 | City: East Greenwich | State: RI | Zip: 02818 |
| Secretary Name: Francis A. Connor, Jr. | | | Treasurer Name: John C. Simkevich | | |
| Street Address: 1370 South County Trail, lower level | | | Street Address: 1370 South County Trail, lower level | | |
| City: East Greenwich | State: RI | Zip: 02818 | City: East Greenwich | State: RI | Zip: 02818 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Francis A. Connor, Jr. | | | Director Name: John C. Simkevich | | |
| Street Address: 1370 South County Trail, lower level | | | Street Address: 1370 South County Trail, lower level | | |
| City: East Greenwich | State: RI | Zip: 02818 | City: East Greenwich | State: RI | Zip: 02818 |
| Director Name: Steven A. Brown | | | Director Name: | | |
| Street Address: 1370 South County Trail, lower level | | | Street Address: | | |
| City: East Greenwich | State: RI | Zip: 02818 | City: | State: | Zip: |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| This information is currently of record in the Department of State. Changes require an additional filing. | 120 | Common N/A | No Par Value |
| | | | |

11. 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.

***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.***

| Name of Authorized Representative | Date |
|---|---|
| Francis A. Connor, Jr., President | 1/19/18 |

Signature of Authorized Representative: Francis A. Connor

SIGN DOCUMENT HERE

FILED

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

JAN 29 2018
BY 394DLOS

FORM 630 - Revised: 10/2017