STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
111205	Rhode Island Orthodontic Group, Inc.

3. Street Address Principal Business Office	City	State	Zip
990 MAIN STREET	EAST GREENWICH	RI	02818

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-884-6500	RHODE ISLAND	9233

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE ORTHODONTIC SERVICES TO PATIENTS REQUESTING SUCH SERVICES.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
JOHN S. KACEWICZ, DMD	JOHN M. UNDERHILL, DDS
Street Address	Street Address
220 NARRAGANSETT BAY AVENUE	87 HENRY CASE WAY
City / State / Zip	City / State / Zip
WARWICK / RI / 02889	WAKEFIELD / RI / 02879
Secretary Name	Treasurer Name
BRAD J. TURCHETTA, DMD	BRAD J. TURCHETTA, DMD
Street Address	Street Address
187 POST ROAD	187 POST ROAD
City / State / Zip	City / State / Zip
WARWICK / RI / 02886	WARWICK / RI / 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
JOHN S. KACEWICZ, DMD	JOHN M. UNDERHILL, DDS
Street Address	Street Address
220 NARRAGANSETT BAY AVENUE	87 HENRY CASE WAY
City / State / Zip	City / State / Zip
WARWICK / RI / 02889	WAKEFIELD / RI / 02879
Director Name	Director Name
BRAD J. TURCHETTA, DMD	
Street Address	Street Address
187 POST ROAD	
City / State / Zip	City / State / Zip
WARWICK / RI / 02886	

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000	$0.01 PAR VALUE		30	COMMON	$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 1 1 2 0 5 [redacted]

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 Officer — *Date* 2/14/05

JOHN S. KACEWICZ, DMD
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

File Date 2/22/05
Check No. 1167
By: VS.
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
111205	Rhode Island Orthodontic Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
990 MAIN STREET		EAST GREENWICH	RI	02818
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-884-6500	RHODE ISLAND			9233

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE ORTHODONTIC SERVICES TO PATIENTS REQUESTING SUCH SERVICES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
JOHN S. KACEWICZ, DMD			JOHN M. UNDERHILL, DDS		
Street Address			Street Address		
220 NARRAGANSETT BAY AVENUE			87 HENRY CASE WAY		
City	State	Zip	City	State	Zip
WARWICK	RI	02889	WAKEFIELD	RI	02879
Secretary Name			Treasurer Name		
BRAD J. TURCHETTA, DMD			BRAD J. TURCHETTA, DMD		
Street Address			Street Address		
187 POST ROAD			187 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
JOHN S. KACEWICZ, DMD			JOHN M. UNDERHILL, DDS		
Street Address			Street Address		
220 NARRAGANSETT BAY AVENUE			87 HENRY CASE WAY		
City	State	Zip	City	State	Zip
WARWICK	RI	02889	WAKEFIELD	RI	02879
Director Name			Director Name		
BRAD J. TURCHETTA, DMD					
Street Address			Street Address		
187 POST ROAD					
City	State	Zip	City	State	Zip
WARWICK	RI	02886			

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000	$0.01 PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
30	COMMON	$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 1 1 2 0 5 [redacted]

111205 DBC 01/30/04 03:35:31 PM
File Date 3-9-04
Check No. 1988
By: a
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.

Signature of Officer — Date 2/5/04
JOHN S. KACEWICZ, DMD
Print or Type Name of Officer
[redacted] PRESIDENT
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 111205
2. Name of Corporation: Rhode Island Orthodontic Group, Inc.
3. Street Address Principal Business Office: 990 Main Street
   City: East Greenwich
   State: RI
   Zip: 02818
4. Business Phone No.: 401-884-6500
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Provide orthodontic services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
John S. Kacewicz, DMD	220 Narragansett Bay Avenue	Warwick	RI	02889

Vice President Name	Street Address	City	State	Zip
John M. Underhill, DDS	87 Henry Case Way	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
Brad J. Turchetta, DMD	185 Post Road	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Brad J. Turchetta, DMD	185 Post Road	Warwick	RI	02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
John S. Kacewicz, DMD	as above			
Director Name	Street Address	City	State	Zip
Brad J. Turchetta, DMD	as above			

Director Name	Street Address	City	State	Zip
John M. Underhill, DDS	as above			

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	$0.01 PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
30	Common	None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 1 2 0 5 *

File Date: 3-12-03

Check No.: 1179

By: BMF

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.

Signature of Officer: John S. Kacewicz Date: 2/10/03

Print or Type Name of Officer: John S. Kacewicz, DMD

Title of Officer: President

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
111205	Rhode Island Orthodontic Group, Inc.

3. Street Address Principal Business Office	City	State	Zip
900 Main Street	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-884-6500	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island

Provide orthodontic services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
John S. Kacewicz, DMD	220 Narragansett Bay Avenue	Warwick	RI	02889

Vice President Name	Street Address	City	State	Zip
John M. Underhill, DDS	87 Henry Case Way	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
Brad J. Turchetta, DMD	185 Post Road	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Brad J. Turchetta, DMD	185 Post Road	Warwick	RI	02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
John S. Kacewicz, DMD	as above			

Director Name	Street Address	City	State	Zip
John M. Underhill, DDS	as above			

Director Name	Street Address	City	State	Zip
Brad J. Turchetta, DMD	as above			

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	$0.01 PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
30	Common	None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 1 2 0 5 *

File Date: 4/3/2002

Check No.: 154

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.

Signature of Officer — Date: 3/28/02

John S. Kacewicz, DMD
Print or Type Name of Officer

President
Title of Officer

S

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
19959	RHODE ISLAND ORTHOPAEDIC GROUP, INC.

3. Street Address Principal Business Office	City	State	Zip
655 Broad Street	Providence	R.I.	02907

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-331-3221	RHODE ISLAND	9217

7. Brief Description of the Character of Business Conducted in Rhode Island
Practice of Medicine

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Anthony F. Merlino, M.D.	2 Countryside Drive	No. Providence	R.I.	02904-3419

Vice President Name	Street Address	City	State	Zip
Anthony F. Merlino, M.D.	2 Countryside Drive	No. Providence	R.I.	02904-3419

Secretary Name	Street Address	City	State	Zip
Anthony F. Merlino, M.D.	2 Countryside Drive	No. Providence	R.I.	02904-3419

Treasurer Name	Street Address	City	State	Zip
Anthony F. Merlino, M.D.	2 Countryside Drive	No. Providence	R.I.	02904-3419

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Anthony F. Merlino, M.D.	2 Countryside Drive	No. Providence	R.I.	02904-3419

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
12	COMMON	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 9 9 5 9 *

File Date: 1-9-02

Check No.: 7027

By: [illegible]

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.

[signature] 1/8/2002
Signature of Officer *Date*

ANTHONY F MERLINO, MD
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
111205	Rhode Island Orthodontic Group, Inc.

3. Street Address Principal Business Office	City	State	Zip
900 Main Street	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 884-6500	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island

Provide orthodontic services.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
John S. Kacewicz, D.M.D.	John M. Underhill, D.D.S.
Street Address	**Street Address**
220 Narragansett Bay Avenue,	87 Henry Case Way
City / State / Zip	**City / State / Zip**
Warwick / RI / 02889	Wakefield / RI / 02879
Secretary Name	**Treasurer Name**
Brad J. Turchetta, D.M.D.	Brad J. Turchetta, D.M.D.
Street Address	**Street Address**
185 Post Road	185 Post Road
City / State / Zip	**City / State / Zip**
Warwick / RI / 02886	Warwick / RI / 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
John S. Kacewicz, D.M.D.	John M. Underhill, D.D.S.
Street Address	**Street Address**
same as above	same as above
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
Brad J. Turchetta, D.M.D.	
Street Address	**Street Address**
same as above	
City / State / Zip	**City / State / Zip**

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	$0.01 PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
30	Common	None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

111205

File Date: 2/9

Check No.: 11551

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2/2/01
Signature of Officer *Date*

John S. Kacewicz, DMD
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/00