

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: Janua	ry 1 - March 1 🏓	Filing Fee: \$50.00							
FORM MUST BE TYPEL		·							
1. Corporate ID No.	2. Name of Con		- 1						
111205	•	and Orthodontic Group							
3. Street Address Principal Business Office			City	State	Zip				
990 MAIN STREET			EAST GREENWICH	RI	02818				
4. Business Phone No. S. State of Incorporal				6. SIC Code					
401-884-6500 RHODE ISLAN			ND		9233				
		Conducted in Rhode Island S TO PATIENTS REQU	ESTING SUCH SERVICES.						
	RESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT)   FILL IN SPAC	ES BEFORE USING AT	TTACHMENTS				
President Name			Vice President Name						
JOHN S. KACEWICZ, DMD			. JOHN M. UNDERHILL, DDS						
Sireei Address			Street Address	v					
220 NARRAGANSE		· · · · · · · · · · · · · · · · · · ·	.87 HENRY CASE WA		77:-				
City	State	Zip	City	State	Zip   02879				
WARWICK	] RI	02889	. WAKEFIELD	RI	102073				
Secretary Name	TTTS DAD		_	Treasurer Name BRAD J. TURCHETTA, DMD					
BRAD J. TURCHE	IIA, DMD		* Street Address	.,	<u> </u>				
Street Address			187 POST ROAD						
187 POST ROAD				Crata	17in				
City	State	Zip	*Ciry	State	Zip				
WARWICK	RI	02886	. WARWICK	RI	02886				
	RESSES OF THE D	RECTORS ("X" BOX F	OR ATTACHMENT) TILL IN SPA	CES BEFORE USING	ATTACHMENTS				
Director Name			Director Name						
JOHN S. KACEWI	CZ, DMD			JOHN M. UNDERHILL, DDS					
Street Address			Street Address						
220 NARRAGANSE	TT BAY AVENUE		87 HENRY CASE WA						
City	State	Zip	•City	State	Zip				
WARWICK	RI	02889	WAKEFIELD	RI	102879				
Director Name			Director Name						
BRAD J. TURCHE	TTA, DMD								
Street Address			Street Address						
187 POST ROAD			•	<u> </u>					
City	State	Zip	City	State	Zíp				
WARWICK	RI	02886	<u> </u>						
10. SHARES AUTHO	ORIZED ("X" BOX FO	OR ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	<i></i>				
<b>AUTHORIZED SHARES</b>			ISSUED SHARES	10. 0	10 1/1				
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 he of	ther the President Vic	e President, Secretary, Assista	nt Secretory Treas	urer Receiver or Trus				
i nis report must ve	signea in ink by ei	iner ine Frestaent, vic	e Fresideni, Secretary, Assista	int Secretary, Treas	RIEI, NECCIPEI DI ATAS				
£I   12£I	iadi iibig jibii adiai aki								
1 1	1 2 0 5		Under penalty of perju	ry, I declare and affirm	that I have examined				
		•	this report, including a						
				contained herein are tr					
~1-	1100			· /	1/0/-				
File Date 2 2	<u> </u>	<u> </u>	_ <del></del>	The second second	714/05				
م زن م	, 1		Signature of Officer		Bate /				
Check No.	<u> </u>		JOHN S. KA	CEWICZ, DM	D .				
iΛ			Print or Type Name of Officer						
$B_{\nu}$ ; $VJ$			PRESIDENT						
FOR SECRETARY OF S	STATE USE ONLY								
1		1	Title of Officer		rom 630 Iz				



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Form 630 12/01

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Rhode Island Orthodontic Group, Inc. 111205 State Zio 3. Street Address Principal Business Office EAST GREENWICH RI 02818 990 MAIN STREET 6. SIC Code 5. State of Incorporation 4. Business Phone No. 9233 RHODE ISLAND 401-884-6500 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 Vice President Name President Name . JOHN M. UNDERHILL, DDS JOHN S. KACEWICZ, DMD Street Address Street Address 220 NARRAGANSETT BAY AVENUE 87 HENRY CASE WAY State Zip City City State Zip RI 02879 WAKEFIELD RI 02889 WARWICK Treasurer Name Secretary Name BRAD J. TURCHETTA DMD BRAD J. TURCHETTA, DMD Street Address Street Address ,187 POST ROAD 187 POST ROAD State Zip \*City State Ζlp City RI 02886 RI 02886 . WARWICK WARWICK 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name **Director Name** JOHN M. UNDERHILL, DDS JOHN S. KACEWICZ, DMD · Street Address Street Address **87 HENRY CASE WAY** 220 NARRAGANSETT BAY AVENUE State Zip City State Zip City RI 02879 WARWICK 02889 WAKEFIELD RI Director Name Director Name BRAD J. TURCHETTA, DMD Sircel Address Sireei Address 187 POST ROAD Zio State State City 02886 RI WARWICK 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Class/Series Number of Shares Class/Series Number of Shares COMMON \$.01 30 8,000 \$0.01 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. \*111205 DBC 01/30/04 03:35:31 PM\* Signuture of Officer JØHN S. KACEWICZ, DMØ Check No. Print or Type Name of Officer PRESIDENT

Title of Officer

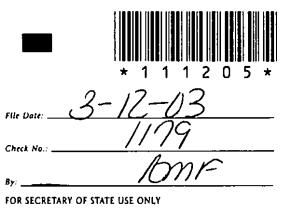
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PLEASE READ INSTRUCTIONS

Filing Period: Januar			OKI FOR THE	1EAR	PI EZ			
FORM MUST BE TYPED OR PRI . Corporate ID No.	NTED IN BLACK) 2. Name of Corpor	ation						
111205	Rhode Islar	nd Orthodontic Group, Inc.						
l. Street Address Principal Busine	ss Office		City	State	Zip			
990 Main Stree J. Business Phone No.	t	5. State of Incorporation	East Greenwich	RI	02818 6. SIC Code			
401-884-6500 Brief Description of the Charac	ter of Business Conducted	RHODE ISLAND in Rhode Island						
Provide orthod  B. NAMES AND ADDRE  President Name			MENT) FILL IN SPACES BE	FORE USING ATTAC	CHMENTS			
John S. Kacewicz, DMD			John M. Underhill, DDS Street Address					
220 Narraganse	tt Bay Avenue	<b>:</b>	87 Henry Case Way	<b>y</b>				
City	State	Zip	City	State	Zip			
Warwick Secretary Name	RI	02889	Wakefield Treasurer Name	RI	02879			
Brad J. Turche	tta, DMD		Brad J. Turchetta Sinet Address	a, DMD				
185 Post Road			185 Post Road					
Clty	State	Zip	City	State	Zip			
Warwick  Director Name  Warwick  Warwick	RI ESSES OF THE DIR	02886 LECTORS (*X* BOX FOR ATTA	Warwick CHMENT) FILL IN SPACES E  Director Name	RI BEFORE USING ATT	02886 ACHMENTS			
John S. Kacewi	cz, DMD		John M. Underhill Street Address	l, DDS				
as above City	State	Zip	as above <sup>City</sup>	State	Zip			
Director Name		\$	Director Name					
Brad J. Turche	tta, DMD		Street Address					
as above	State	Zip	City	State	Zip			
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X*   ISSUED SHARES	BOX FOR ATTACHMEN	<i>r)</i>			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
8 000 \$0 01 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



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.

The statements contained never are true and correct

John S. Kacewicz, DMD

Print or Type Name of Officer

President

Signature of Officer



Form 630 12/02



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



FORM MUST BE TYPED IN BLAC	(K)							
1. Corporate ID No.	2. Name of Corporatio	n						
111205	Rhode Island	Orthodontic Group, Inc.						
3. Street Address Principal Business C	Office	·	City	State	Zip			
900 Main Street		S. State of Incorporation	East Greenwich	RI	02818 6. SIC Code			
401-884-6500		RHODE ISLAND			V, V			
7. Brief Description of the Character (	of Business Conducted in .				•			
Provide orthodo								
			MENT) FILL IN SPACES BEFO	RE USING ATTACHMI	ents			
President Name			Vice President Name	•				
John S. Kacewicz, DMD			John M. Underhill, DDS Street Address					
220 Narraganset	t Bay Avenue		87 Henry Case Way					
City	State	Zip	City	State	Zip			
Warwick Secretary Name	RI	02889	Wakefield Treasurer Name	ŖI	02879			
Brad J. Turchet	ta. DMD		Brad J. Turchetta,	DMD				
Street Address	ca, bib	•	Street Address		•			
185 Post Road			185 Post Road					
City	State	Zip	City	State	Zip			
Warwick	RI	02886	Warwick	RI	02886			
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	FORE USING ATTACH	MENTS			
John S. Kacewic	z, DMD		John M. Underhill,	DDS .				
as above	•		as above					
City	State	Zip	City	State	Zip			
Director Name	• • • • • •	,	Director Name	•	• •			
Brad J. Turchet	ta, DMD		•					
Street Address			Street Address					
as above	<b>5</b> 4-4-	• ·	City	Ceres	714			
City	State	Zip	City	State	Zip			
10. SHARES AUTHORIZED AUTHORIZED SHARES	CONTRACTOR ATTAC	CHMENT) I	11. SHARES ISSUED (*x* BO	OX FOR ATTACHMENT)	-			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
8,000 \$0.01 PAR VALUE	Chasay Strikes				•			
alaga Agiai i Mir AVPAP			30	Common	None			
		• .		•				
	- <del></del> -		<u> </u>	<del></del>				
This report must be <b>signe</b>	d in ink by eithe	r the President, Vice P	resident, Secretary, Assistant	t Secretary, Treasurer,	Receiver or Trustee			
			•	•				
		<b> </b>						

•	* 1 1 1 2 0 5 *
File Date:	4/3/2002
Check No.:	124
,	OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have exami	ned
this report, including any accompanying schedules and stateme	nts, an
that all statements contained herein are true and correct.	
Sharper hala	
201402	

John S. Kacewicz, DMD

Print or Type Name of Officer

President

Title of Officer

Ferm 630 12/01



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

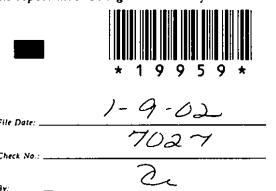
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (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 State 02907 Providence R.I. 655 Broad Street 4. Business Phone No. 5. State of Incorporation 6. SIC Code 9217 **RHODE ISLAND** 401-331-3221 7. Brief Description of the Character of Business Conducted in Rhade Island Practice of Medicine 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Anthony-F. Merlino, M.D. Anthony F. Merlino, M.D. Street Address Street Address 2 Countryside Drive 2 Countryside Drive Zip State Z.Ip 02904-3419 No. Providence R.I. 02904-3419 No. Providence R.I. Secretary Name Anthony F. Merlino, M.D. Anthony F. Merlino, M.D. Street Address Street Address 2 Countryside Drive 2 Countryside Drive City State City State R.I. 02904-3419 R.I. 02904-3419 No. Providence No. Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Anthony F. Merlino, M.D. Street Address Street Address 2 Countryside Drive ZIp State Zip 02904-3419 No. Providence R.I. Director Name Director Name NONE NONE Street Address Street Address State Zip State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) I ESSUTED SHARES AUTHORIZED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value Par Value **600 COMM NO PAR VALUE** COMMON NO PAR VALUE.

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

- 5



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare a	nd affirm that I have examined
this report, including any accompan	
that/all statements contained benein	are true and correct.
The Amelinor	1/8/2002
Signature of Officer ANTHONY F	MERLINO, MI)
Print or Type Name of Officer	
MESTBENT	

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Carporation

1	1	1	2	U	5	

Rhode Island Orthodontic Group, Inc.

3. Street Address Principal Business Office

East Greenwich

RI

RI

RI

02818

900 Main Street 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.

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

President Name

John S. Kacewicz, D.M.D.

Street Address

220 Narragansett Bay Avenue,

RI

02889

87 Henry Case Way

Wakefield

Treasurer Name

Street Address

John M. Underhill, D.D.S.

Brad J. Turchetta, D.M.D.

John M. Underhill, D.D.S.

02879

Warwick Secretary Name

Brad J. Turchetta, D.M.D.

Street Address

185 Post Road

City

Warwick

RI

02886

City

02886

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

John's. Kacewicz, D.M.D.

Street Address

same as above

City

City

State

Zip

Street Address

Director Name

Warwick

same as above

185 Post Road

Director Name

Brad J. Turchetta, D.M.D.

Street Address

same as above

State

Zip

City

Street Address

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Sertes

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

Par Value

8,000 \$0.01 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



Check No.:

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.

e of Officer

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

President

Title of Officer

Form 630 12/00

