



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 OR PRINTED IN BLACK)

1. Corporate ID No. 140107		2. Name of Corporation Aquidneck Dental Associates, Inc.			
3. Street Address Principal Business Office 21 King Charles Drive			City Portsmouth	State RI	Zip 02871
4. Business Phone No. 401-683-5990		5. State of Incorporation RHODE ISLAND			6. SIC Code 923
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MAINTAIN, CONDUCT AND ENGAGE IN THE GENERAL PRACTICE OF DENTISTRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Augustus Nogueira, Jr.			Vice President Name Augustus Nogueira Jr.		
Street Address 21 King Charles Drive			Street Address same		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Augustus Nogueira, Jr.			Treasurer Name Augustus Nogueira, Jr.		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par

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



File Date	2/2/05
Check No.	1353
By:	D.
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

Augustus Nogueira Jr.

Print or Type Name of Officer

President

Title of Officer

Date