



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. 14212		2. Name of Corporation Lawrence P. Stephenson, D.D.S., Ltd.			
3. Street Address Principal Business Office 1826 Mineral Spring Ave.			City No. Providence	State RI	Zip 02904
4. Business Phone No. (401) 353-6250		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL SERVICES IN THE 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 Lawrence P. Stephenson			Vice President Name		
Street Address 1826 Mineral Spring Ave.			Street Address		
City No. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name same as above			Treasurer Name Lawrence P. Stephenson		
Street Address same as above			Street Address 1826 Mineral Spring Ave.		
City same as above	State same	Zip same	City No. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lawrence P. Stephenson			Director Name		
Street Address 1826 Mineral Spring Ave.			Street Address		
City No. Providence	State RI	Zip 02904	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					
Number of Shares	Class/Sortes	Par Value	Number of Shares	Class/Sortes	Par Value
100	NO PAR VALUE		100	common	no par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Sortes	Par Value	Number of Shares	Class/Sortes	Par Value

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



File Date 1/18/05
Check No. 2053
By: DA
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 [Signature] Date 12/21/05
Lawrence P. Stephenson
Print or Type Name of Officer
President
Title of Officer



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 OR PRINTED IN BLACK)

Form with sections for Corporate ID, Name of Corporation, Principal Business Office, Officers (President, Treasurer), and Directors. Includes fields for City, State, Zip, and SIC Code.

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



* 1 4 2 1 2 *

File Date 1-5-04
Check No. 1756
By: [Signature]
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: [Signature]
Date: 2 JAN 04
Lawrence P. Stephenson
President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **14212** 2. Name of Corporation **Lawrence P. Stephenson, D.D.S., Ltd.**

3. Street Address Principal Business Office **1826 MINERAL SPRING AVE.** City **NO. PROVIDENCE** State **RI** Zip **02904**
4. Business Phone No. **353-6250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render professional services in the practice of dentistry

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

President Name **Lawrence P. Stephenson**
Street Address **1826 Mineral Spring Ave.**
City **North Providence** State **RI** Zip **02904**

Secretary Name **same as above**
Street Address
City State Zip

Vice President Name
Street Address
City State Zip
Treasurer Name **Lawrence P. Stephenson**
Street Address **1826 Mineral Spring Ave.**
City **No. Providence** State **RI** Zip **02904**

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

Director Name **Lawrence P. Stephenson**
Street Address **1826 Mineral Spring Ave.**
City **North Providence** State **RI** Zip **02904**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 1 4 2 1 2 *

File Date: 1.24.03
Check No.: 1475
By: UP

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.
 Date 2/24/03

Signature of Officer **Lawrence P. Stephenson**
Print or Type Name of Officer
President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **14212** 2. Name of Corporation **Lawrence P. Stephenson, D.D.S., Ltd.**
3. Street Address Principal Business Office
1826 Mineral Spring Avenue
4. Business Phone No. **353- 6250** 5. State of Incorporation **RHODE ISLAND**

City **North Providence** State **RI** Zip **02904**
6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted In Rhode Island
To render professional services in the practice of dentistry

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

President Name **Lawrence P. Stephenson**
Street Address
1826 Mineral Spring Ave.
City **North Providence** State **RI** Zip **02904**

Vice President Name
Street Address
City State Zip
Treasurer Name **Lawrence P. Stephenson**
Street Address **1826 Mineral Spring Ave.,**
City **North Providence** State **RI** Zip **02904**

Secretary Name **same**
Street Address **same**
City **same** State **same** Zip **same**

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

Director Name **Lawrence P. Stephenson**
Street Address **same as above**
City **same** State **same** Zip **same**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR VALUE	common	

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

ISSUED SHARES	Class/Series	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



* 1 4 2 1 2 *

File Date: 2/4/02
Check No.: 1208
By: 912

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 [Signature] Date 3/21/02
Print or Type Name of Officer Lawrence P. Stephenson

Title of Officer President
5
Form 630 12/01



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. **14212** 2. Name of Corporation **Lawrence P. Stephenson, D.D.S., Ltd.**
3. Street Address Principal Business Office
1826 Mineral Spring Avenue City **North Providence,** State **RI** Zip **02904**
4. Business Phone No. **(401) 353-6250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

To render professional services in the practice of dentistry

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

President Name Lawrence P. Stephenson	Vice President Name
Street Address 1826 Mineral Spring Avenue	Street Address
City State Zip North Providence RI 02904	City State Zip
Secretary Name same	Treasurer Name same
Street Address same	Street Address same
City State Zip same same same	City State Zip same same same

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

Director Name Lawrence P. Stephenson	Director Name
Street Address 1826 Mineral Spring Avenue	Street Address
City State Zip North Providence RI 02904	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

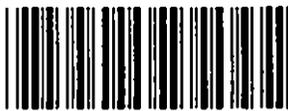
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 SHS NO PAR VAL		

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

ISSUED SHARES	Class/Series	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



* 1 4 2 1 2 *

FILED

File Date: _____

Check No.: **JAN 24 2001**

By: **CC7541**

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.

Lawrence P. Stephenson 11/24/01
Signature of Officer Date

Lawrence P. Stephenson

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **14212** 2. Name of Corporation **Lawrence P. Stephenson, D.D.S., Ltd.**
3. Street Address Principal Business Office **1826 Mineral Spring Ave.** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **353-6250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island

To render professional services in the practice of dentistry

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

President Name Lawrence P. Stephenson	Vice President Name
Street Address 1826 Mineral Spring Ave.	Street Address
City State Zip North Providence RI 02904	City State Zip
Secretary Name same	Treasurer Name same
Street Address same	Street Address same
City State Zip same same same	City State Zip same same same

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

Director Name Lawrence P. Stephenson	Director Name
Street Address same as above	Street Address
City State Zip same as above same same	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
100 SHS NO PAR VAL	common	

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

ISSUED SHARES	Class/Series	Par Value
100	common	no 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.

File Date: 12/28/99
Check No.: 218
By: GAN

Signature of Officer: [Signature] Date: 23 DEC 99

Lawrence P. Stephenson
Print or Type Name of Officer
President
Title of Officer

OR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 14212		2. Name of Corporation Lawrence P. Stephenson, D.D.S., Ltd.			
3. Street Address Principal Business Office 1826 Mineral Spring Ave.			City No. Providence	State RI	Zip 02904
4. Business Phone No. (401) 353-6250		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233	
7. Brief Description of the Character of Business Conducted in Rhode Island To render professional services in the practice of dentistry					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lawrence P. Stephenson,			Vice President Name		
Street Address 1826 Mineral Spring Ave.			Street Address		
City North Prov.	State RI	Zip 02904	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lawrence-P. Stephenson			Director Name		
Street Address 1826 Mineral Spring Ave.			Street Address		
City North Prov.	State RI	Zip 02904	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 checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAL	common		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: 1.6.99
Check No.: 6942
By: LP
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: [Signature] Date: 31 DEC 98
President
Print or Type Name of Officer: LAWRENCE P. STEPHENSON
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **14212** 2. Name of Corporation **Lawrence P. Stephenson, D.D.S., Ltd.**
3. Street Address Principal Business Office **1826 Mineral Spring Avenue** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 353-6250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render professional services in the practice of dentistry

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Lawrence P. Stephenson	Vice President Name
Street Address 1826 Mineral Spring Avenue	Street Address
City North Providence State RI Zip 02904	City State Zip
Secretary Name same as above	Treasurer Name Lawrence P. Stephenson
Street Address same	Street Address 1826 Mineral Spring Avenue
City same State same Zip same	City No. Providence State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Lawrence P. Stephenson	Director Name
Street Address 1826 Mineral Spring Avenue	Street Address
City No. Providence State RI Zip 02904	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100 SHS NO PAR VAL	common	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
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: 1/11/98
Check No.: 6619
By: [Signature]
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: [Signature] Date: 19 DEC 97
Lawrence P. Stephenson
Print or Type Name of Officer
PRESIDENT
Title of Officer

1996 ANNUAL REPORT

1996



STATE OF RHODE ISLAND AND PROVIDENCE FINANCIAL INSTITUTIONS
 James R. Langevin, Secretary of State
 Corporations Division
 100 North Main Street
 Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 14212
 2. NAME OF CORPORATION Lawrence P. Stephenson, D.D.S., Ltd.
 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1826 Mineral Spring Avenue
 CITY North Providence STATE RI ZIP CODE 02904
 4. BUSINESS PHONE NO. 353-6250
 5. STATE OF INCORPORATION RHODE ISLAND
 6. SIC CODE 9233

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
 To render professional services in the practice of dentistry

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
Lawrence P. Stephenson	Lawrence P. Stephenson
STREET ADDRESS 1826 Mineral Spring Avenue	STREET ADDRESS 1826 Mineral Spring Avenue
CITY STATE ZIP CODE No. Providence RI 02904	CITY STATE ZIP CODE No. Providence RI 02904
SECRETARY NAME	TREASURER NAME
	Same as above
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
Lawrence P. Stephenson	
STREET ADDRESS 1826 Mineral Spring Avenue	STREET ADDRESS
CITY STATE ZIP CODE No. Providence RI 02904	CITY STATE ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS NO PAR VAL			100	common	no 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.

File Date: 1-18-96
 Check No: 5951
 By: [Signature]
 For Secretary of State Use Only

Signature of Officer [Signature]
 Lawrence P. Stephenson
 Print or Type Name of Officer
 President
 Title of Officer
 Date 28 DEC 95

DETACH BOTTOM BEFORE RETURNING

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0014212

1995

Corporate ID: _____ Annual Report for the year: _____
 Lawrence P. Stephenson, D.D.S., Ltd.

Name of Corporation: _____

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:
to render professional services in
the practice of dentistry

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1826 Mineral Spring Avenue
North Providence, RI 02904

Phone: (401) 353-6250

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence P. Stephenson	1826 Mineral Spring Avenue	North Providence RI	02904

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence P. Stephenson	same as above		

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence P. Stephenson	same as above		

THE NAMES OF THE DIRECTORS ARE:

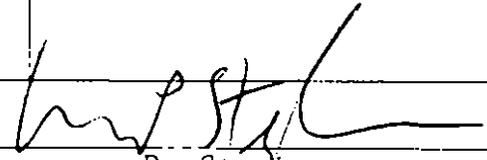
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence P. Stephenson	same as above		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100	common	100	common

Date 11 JAN 19 95

By: 
 Lawrence P. Stephenson

PRINT OR TYPE NAME OF OFFICER SIGNING
 President
 TITLE OF OFFICER SIGNING

Form 31 1995

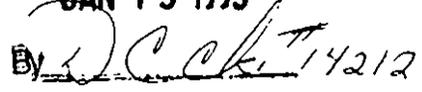
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

WILLIAM A. GOSZ, ESQ.
 380 BROADWAY,
 PROVIDENCE RI 02909

FILED

JAN 13 1995

By:  14212

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0014212 Annual Report for the year: 1994

Name of Business Entity: Lawrence P. Stephenson, D.D.S., Ltd.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 353-6250

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

1826 Mineral Spring Avenue
North Providence, RI 02904

Phone: (401) 353-6250

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

WILLIAM A. GOSZ, ESQ.
380 Broadway
Providence, RI 02909

Brief statement of the character of business conducted in Rhode Island:

to render professional services in the
practice of dentistry

Date of Organization: 7/1/82

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One)	<u>LAWRENCE P. STEPHENSON 1826 MINERAL SPRING AVE.</u>	<u>NO. PROVIDENCE RI</u>	<u>02904</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR without par value

Date 2 FEB 19 94

By [Signature]

LAWRENCE P. STEPHENSON
PRINT OR TYPE NAME OF OFFICER SIGNING

CEO
TITLE OF OFFICER SIGNING

Form 31 194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

WILLIAM A. GOSZ, ESQ.
380 BROADWAY,
PROVIDENCE RI 02909

FILED

MAR 01 1994

By ME59 6283

4958 714

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0014212 Annual Report for the year 1993

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to render professional services by persons authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Chapter 7-5.1 R.I.G.L. relative to professional service corporation.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North Providence,
Rhode Island, 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Lawrence P. Stephenson</u>	<u>Director</u>	<u>1826 Mineral Spring Avenue, North Providence, RI</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>	<u>PAID</u>	<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
.....	<u>JAN 29 1993</u>	.....

Dated 27 JAN 1993

Lawrence P. Stephenson, D.D.S., Ltd.
(Name of Corporation)

By [Signature]

Title Pres - 2060

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

0014212

1991

Corporate ID Annual Report for the year

Lawrence P. Stephenson, D.D.S., Ltd.

FIRST: The name of the corporation is

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to render professional services by persons
authorized to practice dentistry in the State of Rhode Island pursuant to and
in accordance with Chapter 7-5.1 RIGL relative to professional services corporation

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North
Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Lawrence P. Stephenson	Director	1826 Mineral Spring Ave., N. Prov., RI 02904
.....	Director	.....
.....	Director	.....
.....	President	.....
.....	Vice President	.....
.....	Secretary	.....
.....	Treasurer	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	PAID	no par value

JAN 07 1991

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
.....

SECY OF STATE

Dated 3 JAN 1991

LAWRENCE P. STEPHENSON, D.D.S., LTD.
(Name of Corporation)
By
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

diff 4649

Corporate ID 0014712 Annual Report for the year 1992

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to render professional services by persons authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Capter 7-5.1 RIGL relative to professional services corporation.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Lawrence P. Stephenson	Director	1826 Mineral Spring Ave., N. Prov., RI 02904
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares	Class	Series

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value

No. of Shares	Class	Series

PAID
FEB 19 1992
SECY OF STATE

Dated 30 JAN 1992

LAWRENCE P. STEPHENSON DDS LTD
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0014212

Annual Report for the year 1990

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to render professions services by persons authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Chapter 7-5.1 R.I.G.L. relative to professional service corporation.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North Providence
Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Lawrence P. Stephenson</u>	<u>Director</u>	<u>1826 Mineral Spring Avenue, N. Prov., RI 02904</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
MAR 23 1990
SECY. OF STATE

Dated 20 FEB 1990

Lawrence P. Stephenson, D.D.S., Ltd.
(Name of Corporation)

By [Signature]

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0014212 Annual Report for the year 1989

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd.

SECOND: It is incorporated under the laws of RHODE ISLAND to render professional services by persons

THIRD: Character of business, briefly stated, is authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Chapter 7-5.1 of the General Laws of the State of Rhode Island relative to Professional Service Corporation.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Lawrence P. Stephenson</u>	<u>Director</u>	<u>1826 Mineral Spring Avenue, N. Providence, RI</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			<u>PAID</u> <u>FEB 22 1989</u> <u>SECY OF STATE</u> <u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated February 2, 1989 19 88

LAWRENCE P. STEPHENSON, D.D.S., Ltd.
(Name of Corporation)

By

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 14212 Annual Report for the year 1988

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To render professional services by persons authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Chapter 7-5.1 of the General Laws of the State of Rhode Island relative to Professional Service Corporation.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North Providence,
Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Lawrence P. Stephenson	Director	1826 Mineral Spring Avenue, North Providence, RI
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID

JAN 19 1988

JAN 21 1988
DM

SECY. OF STATE

Dated January 7, 19 88.

LAWRENCE P. STEPHENSON, D.D.S., Ltd.

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 14212 Annual Report for the year 1987

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd.

SECOND: It is incorporated under the laws of Rhode Island
To render professional services by persons

THIRD: Character of business, briefly stated, is authorized to practice dentistry in the
State of Rhode Island pursuant to and in accordance with Chapter 7-5.1
of the General Laws of the State of Rhode Island relative to Professional
Service Corporation.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1826 Mineral Spring Avenue, North
Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Lawrence P. Stephenson</u>	<u>Director</u>	<u>1826 Mineral Spring Avenue, North Providence RI</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Par Value or statement that shares are without par value

PAID
JAN 27 1987
SECY. OF STATE
JUN 09 1987

Dated January 7, 19 87

LAWRENCE P. STEPHENSON, D.D.S., Ltd.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 14212 Annual Report for the year 1986

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd.

SECOND: It is incorporated under the laws of Rhode Island
To render professional services by persons

THIRD: Character of business, briefly stated, is authorized to practice dentistry in the
State of Rhode Island pursuant to and in accordance with Chapter 7-5.1
of the General Laws of the State of Rhode Island relative to Professional
Service Corporation.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....
1826 Mineral Spring Avenue, North Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Lawrence P. Stephenson</u>	<u>Director</u>	<u>1826 Mineral Spring Avenue, N.P., RI</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
AUG 25 1986
SEC'Y. OF STATE

Dated August 13 19 86 Lawrence P. Stephenson, D.D.S., Ltd.

AUG 27 ENT'D
By [Signature]
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 14212 Annual Report for the year 1985

FIRST: The name of the corporation is Lawrence P. Stephenson, D.D.S., Ltd

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is DENTAL PRACTICE

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1826 MINERAL SPRING AVE
NORTH PROVIDENCE RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>LAWRENCE P STEPHENSON</u>	Director	<u>885 HOPE ST BRISTOL RI 02809</u>
	Director	
	Director	
<u>LAWRENCE P. STEPHENSON</u>	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

RECEIVED MAR 1985

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 19 FEB 1985 SAVE AS ABOVE
(Name of Corporation)

By [Signature] 895

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Lawrence P. Stephenson, D.D.S., Ltd.
WILLIAM A. GOSZ, ESQ.
380 BROADWAY,
PROVIDENCE RI
02909

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is LAWRENCE P. STEPHENSON, D.D.S., Ltd.

SECOND: It is incorporated under the laws of RHODE ISLAND To render professional services by

THIRD: Character of business, briefly stated, is persons authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Chapter 7-5.1 of the General Laws of the State of Rhode Island relative to Professional Service Corporation.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1826 Mineral Spring Avenue, North Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
LAWRENCE P. STEPHENSON	Director	1826 Mineral Spring Avenue, N.P., RI
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par

3
25
83

Dated: February 1983

LAWRENCE P. STEPHENSON, D.D.S., Ltd.
(Name of Corporation)

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is LAWRENCE P. STEPHENSON, D.D.S., LTD.

SECOND: It is incorporated under the laws of Rhode Island
To render professional services by

THIRD: Character of business, briefly stated, is persons authorized to practice dentistry in the State of Rhode Island pursuant to and in accordance with Chapter 7-5.1 of the General Laws of the State of R.I. relative to Professional Service Corporation

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1826 Mineral Spring Avenue, North Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
LAWRENCE P. STEPHENSON	Director	1826 Mineral Spring Avenue, N.P., RI
	Director	
	Director	
LAWRENCE P. STEPHENSON	President	" "
	Vice President	
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par

Dated: February 1984

LAWRENCE P. STEPHENSON, D.D.S., LTD.
(Name of Corporation)

By *Lawrence P. Stephenson D.D.S.*
Title PRESIDENT

(Report must be signed by an officer)

MAR 30 1984

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040