

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

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

Matthew A. Brown, Secretary of State 401.222.3040 2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No 2. Name of Corporation Michael M. Gooding, D.M.D. Ltd. 36919 State 3. Street Address Principal Business Office ZIP 02888 Warwick RI 1422 Warwick Avenue 6. SIC Cixle 4. Business Phone No. 5. State of Incorporation 9233 RHODE ISLAND (401) 463-8170 7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL DENTISTRY ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Michael M. Gooding Michael M. Gooding Street Address Street Address 1422 Wawick Avenue 1422 Warwick Avenue State State Zip Warwick 02888 02888 Warwick Treasurer Name Secretary Name Michael M. Gooding Michael M. Gooding Street Address Street Address same as above same as above Zip City State Zφ State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address Zip State Zip City Director Name Director Name Street Address Street Address State Zφ State Ζφ CIN 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Par Value Number of Shares Class/Series ClassiSeries 300 COMM NO PAR VALUE 300 no par value common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and aff including any apcompanying schedules an	
contained herein are true and correct.	1/21/05
Signature of Officer Michael M. Gooding	Date
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Rev. 12#13



# 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 \_\_\_\_\_

1. Gorporate ID No	2. Name of Corp	oration			
36919	Michael N	l. Gooding, D.M.D. Ltd.			
3. Street Address Principal Bus	stness Office		City Warwick	State RI	Ζιρ 02888
1422 Warwick  1 Business Phone No.	Avenue	5. State of Incorporate		KI .	6. SIC Code
(401) 463-8170 RHODE ISLAND					9233
7. Brief Description of the Cha GENERAL DENT	ractor of Business Conduc			· · · ·	1 3200
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	SSES OF THE OFFI	CERS: ("X" BOX FOR A	Vice President Name	N SPACES BEFORE USIN	NG ALIACHMENTS
President Name Michael M. Go	ooding		Michael M. G	ooding	
Street Address		<del></del>	Street Address	<del></del>	
1422 Warwick	Avenue		1422 Warwick	Avenue	
City	State	Zφ	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888
Secretary Nume	11		Treasurer Name	14	
Michael M. Go	ooding ————————————————————————————————————	- <del></del> -	Michael M. G	ooaing	
Sirect Address same as above	<b>5</b>		Sirect Address same as abov	۵	
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9. NAMES AND ADDRE	 ESSES OF THE DIRE	CTORS: ("X" BOX FOR	: ATTACHMENT)	IN SPACES BEFORE US	SING ATTACHMENTS
Director Name		·	Director Name		
NONE		_			
Street Address		-	Street Address		
City	State	Zip	City	State	Zíp
	J	J			
Director Name			Director Name		
Strort Address		<del></del>	Street Address		
20141 20140622			Soci popula		
City	State	Zíp	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FO	R ATTACHMENT) 🔲	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) 🗌
AUTHORIZED SHARES		··	ISSUED SHARES		1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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_ <del>_</del>		<u> </u>	l		
This report mu	st be signed in ink b	y either the President, Vi	ce President, Secretary, Assi	stant Secretary, Treasure	r, Receiver or Trustee
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<del></del>	* 3 6 9 1	<del>9 *</del>		ompanying schedules and s aro-true and correct.	statements, and that all state
L	18.04 3271		- ////	Mu -	
File Date	220	<del></del>	1 Knitt	Me my man	Date
Chack Ma	3271		Signature of Office	/ / *	Date
Check No.		<del></del>	a	M/ Gobding	<u> </u>
By:	Ch:		Print or Type Nam		
EUD CECOETADA	/ OF STATE USE ONLY		Presiden	t	<u></u>
FOR SECRETARY OF STATE USE ONLY			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 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporati	on			
36919	Michael M. G	ooding, D.M.D. Ltd.			
3. Street Address Principal Busine	ss Office	-	City	State	02888
1422 Warv 4. Business Phone No. (401) 463	vick Avenue 3-8170	5. State of Incorporation RHODE ISLAND	Warwick	RI	6. SIC Code 9233
7. Brief Description of the Character general of					
8. NAMES AND ADDRE President Nume Michael N	esses of the office.  Gooding	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Nume Michael M.	Gooding	CHMENTS
Street Address 1422 Warv	vick Avenue		Street Address 1422 Warwi	ck Avenue	
cny Warwick	State RI	02888	Warwick	State RI	<sup>ZIP</sup> 02888
Secretary Name Michael M	4. Gooding		Michael M.	Gooding	
Street Address Same as a	above		Street Address same as ab	ove	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIRE	CTORS (*x* box for atta	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	ACHMENTS
NONE 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 AUTHORIZ	ED (*x* box for atta	CHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMEN	(דו
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value

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

	* 3 6 9 1 9 *
File Date:	9.91.03
Check No.:	<u>8539</u>
By:	AY OF STATE USE ONLY

300 COMM NO PAR VALUE

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.

xommon

Signature of Office | // m?

Michael M. Gooding

Frint or Type Name of Officer

President

Title of Officer

**◆** 5

300

no par value

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

PROFIT CORF	ORATION y 1-March 1 •	I ANNUAL RE	PORT FOR TH	ie year <u>200</u>	2 STOP <sup>a</sup> PLEASE READ CINSTRUCTIONS
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpo	ration			
36919	Michael M.	Gooding, D.M.D. Ltd.			
3. Street Address Principal Busines:	s Office		City	State	ZIp
1422 Warwick AV 4. Business Phone No.	enue	5. State of Incorporation	Warwick	RI	02888 6. SIC Code
(401) 463-8170 7. Brief Description of the Characte	er of Business Conducted	RHODE ISLAND I in Rhode Island	)		9233
general dentist 8. NAMES AND ADDRES Tresident Name		FICERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
Michael M. Good	ing		Michael M. Goo	xding	
1422 Warwick Av	enue		1422 Warwick /	lvenue	
City	State	ZIp	City	State	ZIp
Warwick Secretary Name	RI	02888	Warwick Treasurer Name	RI	02888
Michael M. Good	ing		Michael M. Goo	oding	
same as above			same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIE	RECTORS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACE Director Name	CES BEFORE USING ATTA	ACHMENTS
NONE 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 AUTHORIZE	D (*x* box for at	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	y
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VAL	UE		300	common	no par valu

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



File Date: \_

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.

Mynny	1/7/12	
Mighael M. Gooding	Difte	
Delut of The Name of Offices		

President

Title of Officer **⇔** 5

Form 630 12/01

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP † PLEASE REALI INSTRUCTIONS

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

FORM MUST BE TYPED IN BLACK	()				
Corporate ID No. 36919	2. Name of Corporation  Kichael M.	Gooding, D.M.D.	. Ltd.		
Street Address Principal Business Of	fice		City	State	Zip
1422 Warwick A	venue	5. State of Incorporation	Warwick	· RI	02888 6. SIC Code
(401) 463-8170 Brief Description of the Character of	Business Conducted in Rh	RHODE ISLAND ode Island			9233
general dentis NAMES AND ADDRESSE resident Name Michael M. Good	S OF THE OFFICE	RS (*X* BOX FOR ATTACH	MENT) FILL IN SPACE Vice President Name Michael M. G	s before using attac	CHMENTS
reel Address 1422 Warwick A	venue		Street Address 1422 Warwick	Avenue	
warwick	State RI	<sup>Zip</sup> 02888	Warwick	State RI	<sup>zıρ</sup> 02888
cretary Name			Treasurer Name	•	· · ·
Michael M. Goo	ding		Michael M. G	ooding	
same as above	<u></u> State	Zip	same as above	e State	ZIp
. NAMES AND ADDRESSE frector Name NONE	ES OF THE DIRECT	ORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATT	ACHMENTS
reet Address		•	Street Address		
ity	State	Z.Ip	City	State	Zip
lrector Name			Director Name		
reet Address			Street Address		
lty	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
umber of Shares	Class/Series	Par Value	Number of Shares	Cinss/Series	Par Value
300 NO PAR COMMON	I		300	common	no par value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 3 6 9 1 9 *	
(File Date:	2/21	
Check No.:	946	
Ву:	OL.	
FOR SECRETAL	RY 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 any atements contained herein are true and correct.

Signature of Officer Date

Michael M. Gooding

Print or Type Name of Officer

President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

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(FORM MUST BE TYPED IN BLAC	<b>κ</b> )				
1. Corporate ID No.	2. Nume of Corporat				
36919	Michael M	. Gooding, D.M.D.	Ltd.		
3. Street Address Principal Business O	ffice		City	State	Zip
1422 Warwick Ave	nue	5. State of Incorporation	Warwick	RI	02888 6. sic code
(401) 463-8170 7. Brief Description of the Character of	f Business Conducted i.	RHODE ISLAND n Rhode Island			9233
general dentistr 8. NAMES AND ADDRESS President Name Michael M. Goodi		CERS ("X" BOX FOR ATTACH	Vice President Name	BEFORE USING AT	TACHMENTS
	119		Michael M. Go		
1422 Warwick Ave	nue		Street Address same as abov		
City	State	Zip	City	State	Zip
· Warwick	RI	02888			
Secretary Name			Treasurer Name	•	
Michael M. Goodi	ng		Michael M. Go	oding .	
same as above	State	Zip	same as above	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING A	ATTACHMENTS
NONE Street Address			Street Address		
City	State	Zip -	City	State	Zip

Zip State Zip City State City

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

Par Value

AUTHORIZED SHARES

Class/Series

ESSUED SHARES

Director Name

Street Address

Number of Shares

Class/Series

Par Value

300 NO PAR COMMON

Director Name

Street Address

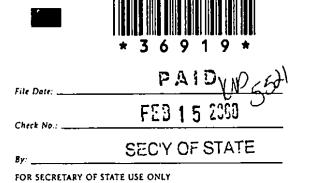
Number of Shares

300

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.

Michael M. Print or Type Name of Officer

President

Title of Officer

Signature of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### 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. 36919 2. Nume of Corporation

Michael M. Gooding, D.M.D. Ltd.

3. Street Address Principal E 1422 Warwic			<sub>сиу</sub> Warwick	State RI	02888
4. Business Phone No. (401) 463-	-8170	5. State of Incorpo RHODE 15	SLAND		6. SIC Code <b>9233</b>
7. Bilef Description of the C general der	Character of Business Conducte	d in Rhode Island			
8. NAMES AND AD President Name Michael M.	DRESSES OF THE OF	FICERS (*X* BOX FOR	Vice President Name	s before using at M. Gooding	<b>FACHMENTS</b>
Street Address 1422 Warwig	ck Avenue		Street Address Same as	above	
city Warwick	State RI	zip 02888	City	State	Zip
Secretary Name Michael M.	Gooding		Treasurer Name Michael M	. Gooding	
Street Address same as ab	ove		Sireel Address Same as ab	ove	
City	State	Zip	City	State	Zip
9. NAMES AND AD Director Name NONE	DRESSES OF THE DI	RECTORS (*x* box fo	DR ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING A	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	ZIP
Director Name		•	Director Name	• • • • •	• • • • • • • • • • • • • • • • • • • •

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

AUTI (ORIZZE) SHARES

**300 NO PAR COMMON** 

Number of Shares

Street Address

City

Class/Series

State

Par Value

Zip

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

ISSUED SHARES

Street Address

City

Number of Shares

Class/Series

State

Par Value

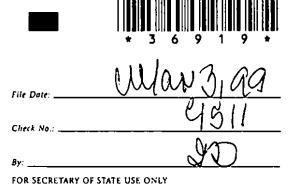
ZIp

300

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.

Melymly Ma	2-2-55
Standure of Office)  Michael M. Gooding	Date
Print or Type Name of Officer	<del> </del>

President

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

98 STOP

(FORM MUST BE TYPED IN BLACK) I. Corporate II) No. 2. Name of Corporation 36919 Michael M. Gooding, D.M.D. Ltd. City State Zip3. Street Address Principal Business Office 02888 Warwick RI 1422 Warwick Avenue S. State of Incorporation 6. SIC Code 4. Business Phone No. **RHODE ISLAND** 9233 (401)463-8170 7. Brief Description of the Character of Business Conducted in Rhode Island general dentistry 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Michael M. Gooding Michael M. Gooding Street Address Street Address same as above 1422 Warwick Avenue Zip City State City State 210 RI 02888 Warwick Treasurer Name Secretary Name Michael M. Gooding Michael M. Gooding Street Address Street Address same as above 1422 Warwick Avenue City State Zip City Zip RI 02888 Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address ZIP. City State City State Zip Director Name Director Name Street Address Street Address Zip City State Zip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

300



**300 NO PAR COMMON** 

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.

common

Spinature of Officer

2- 25-98 Date

no par value

Michael M. Gooding

Print or Type Name of Officer President

Title of Officer

. . . .



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

lling Period: Januar)	1-March 1 •	Filing Fec: \$50.00
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1. Corporate ID No.

2. Name of Corporation

36919

Michael M. Gooding, D.M.D. Ltd.

3. Street Address Principal Business Office

City

State

Zip

1422 Warwick Avenue

Warwick

RI

02888

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 463-8170

**RHODE ISLAND** 

9233

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

general dentistry

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

President Name

Vice President Name

Michael M. Gooding

Street Address

Michael M. Gooding

Street Address

1422 Warwick Avenue City

Zip

same as above

Zip

Warwick Secretary Name

RI

02888

Treasurer Name

Michael M. Gooding

Street Address

Street Address

1422 Warwick Avenue

Michael M. Gooding

Warwick

RT

02888

Cliv

State

State

ZIP

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

Director Name

Director Name

Street Address

NONE

Street Address

City

State

Zip

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

City

State

Zio

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ESSUED SHARES Number of Shares

Class/Series

Far Value

**300 NO PAR COMMON** 

300

common

no par value

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



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

Michael M. €ooding Print or Type Name of Officer

President

#### **PROFIT CORPORATION** ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations 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

MPPORATE ID NO. 2. NAME OF CO		PRINT IN BLACK INK.	<del></del>	
	Michael M. Gooding, I	ת את האת		
TREET ADDRESS PRINCIPAL BUSINESS OFFICE	irchaer II. Gooding, I	ary	STATE	ZP 000€
1422 Warwick Avenue		Warwick	! RI	02388
SINESS PHONE NO.	5. STATE OF BICORPORATION		· · · · · · · · · · · · · · · · · · ·	6. SIC 000E
(401) 463-8170	. RHODE IS	SLAND		9233
TEF DESCRIPTION OF THE CHARACTER OF BUSINESS COVIDUCT	ED IN RHODE ISLAND	· · · · · · · · · · · · · · · · · · ·		1 7855
general dentistry				
	. NAMES AND ADDR	ESSES OF THE O	FFICERS	
IDENT HAVE	•	VICE PRESIDENT NAME		• •
Michael M. Gooding	<del></del>	Michael M. Goo	xaing	
1422 Warwick Avenue		Same as Above		
STATE	T ZIP ČODĚ	ary	STATE	ZIP COOE
Warwick RI	. 02888		i 	i
Michael M. Cooding		TREASURER NAVE		
Michael M. Gooding	· · · · · · · · · · · · · · · · · · ·	Michael M. Go	wing	<del></del>
Same as Above		Same as Above	2	
STATE	ZIP CODE	'אַמ	STATE	ZIP COOE
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CTOR NAME	). HAMES AND ADDR	ESSES OF THE D	IRECTORS	n
None				
ET AUDRESS	<del></del>	STREET ADDRESS		<del></del>
STATE	The coor	· air	T 44.54	
STATE	ZIP C006	· GIT	STATE	\$ 20° COO€
CTOR HAME		DIRECTOR HAME		
ET ADORESS		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
STATE	ZIP 000E	GIY -	STATE	ZP CODE
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AUTHORIZED	<del></del>	<del></del>	ISSUED SHARES	
NUMBER OF SHARES CLASS / SE	RTES PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
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Duraidant Miss	This report must be SIC	GNED IN INK by either f	the	
President, Vice	President, Secretary, Assis	stant Secretary, Treasure	er, Heceiver or Trus	stee
		Under penalty	of perjury, I declare a	nd affirm that I have exami

File Date: Check No: By:

report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Michael M. Gooding

Print or Type Name of Officer

President

# 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

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

0056919 Corporate ID:	A1	nnual Report for the	vear: 1995	
Michael M. Goodi				
Name of Corporation:  Business entity organized under the laws of the State of:Rhode I For foreign entity, address and telephone number of principal office:				
Phone: () Address and telephone of the principal office of business entity in Rhod Island (Provide street address - Not P.O. Box):	de	general dent	e character of business conductions conduc	
Phone: ( 401) 463-8170				
THE NAM	ES OF THE	OFFICERS ARE:	· -	<del></del>
PRESIDENT	STREET ADDRE		CITY/STATE	ZIP CODE
Michael M. Gooding 1422	Warwick	Avenue, Warwic	k, RI 02888	
	STREET ADDRE	SS	CITY/STATE	ZIP CODE
Michael M. Gooding Same	as Above	e ë	CITY/STATE	ZIP CODE
Michael M. Cooding			CITISIALE	zir code
TREASURER Same	as Above	22	CITY/STATE	ZIP CODE
Michael M. Cooding	og Abore			
	as Above	DIRECTORS ARE	• *	
NAME	STREET ADDRE		CITY/STATE	Z:P CODE
None				
NAME	STREET ADDRE	ss	CITY/STATE	ZIP CODE
NAME	STREET ADDRE	SS	CITY/STATE	ZIPCODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	1	NUMBER OF SHARES I	SSUED AND OUTSTANDING (	Rider may be attached)
Number of Shares Class / Series	1	Number of Shares	Class / Series	
300 Common, Without Par Valu	ue	300	Common, Without	Par Value
Date	By:	MA Gooding NATE OF OFFICER SIGNING OFFICER SIGNING	K	
DESIGNATED REGISTE	RED AGEN	T FOR SERVICE	OF PROCESS:	

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

REVENS, BLANDING, ST. PIERRE 946 CENTERVILLE ROAD WARNICK RI 02886

Ch# 947 mnc

## Payable to: Secretary of State

#### PLEASE TYPE or PRINT

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

#### 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

Corporate ID:	_ Annual Report for the year:			
	Michael M. Gooding, D.M.D. Ltd.			
Name of Business Entity:				
Business entity organized under the laws of the State of: Rhode Island Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office:	Business Entity is (check one):    Mail   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:  Revens, Lanni, Revens & St., Pierre  946 Centerville Rd.  Warwick, RI 02886			
Phone: ( )  Address and telephone of the principal office of husiness entity in Blode Island (Provide street address - Not P.O. Box):  1422 Warwick Avenue	Brief statement of the character of business conducted in Rhode Island: general dentistry			
Warwick, RI 02888	Rem			
Phone: ( 403) 463-8170	Date of Organization: <u>12/13/85</u> / 2/30/85 MME Date of Qualification to do business in Rhode Island (if fureign entity):			
	OFFICERS ARE.			
Michael M. Gooding 1422 Warw.	FTHE OFFICERS ARE: TARREST CONTAINE LICK Avenue, Warwick, R. 102888			
CHIEF OPERATING OFFICE OF STATE PROBLEMS OF STREET	Y AUDICIST			
Michael M. Gooding Same as Al Customanor Riconus on M Michael Machinary (New Own)	T AURITESS CITYATATE 71P CURE			
Michael M. Gooding Same as A	T AUDINISS CHYSTATE. ZJP CURL			
THE NAMES OF	THE DIRECTORS ARE:			
WALIE	STATE STATES STATES			
NAME	A ARREAS CLUMPATE. 719 CUR.			
SAME NIKE	TARRESS CIDASIAII. ZIPCUR.			
	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)			
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER 300			
NUMBER 300 CLASS Common	CLASS Common			
SERIES	SERIES			
PAR VALUE OR WITHOUT PAR Without Par Value	PAR VALUE OR WITHOUT PAR Without Par Value			
Date January 3 1994 By:	MICHAEL M. GOODING, D.M.D. LITD.			
<del>)</del> Paller	Michael M. Gooding			
·	President			
Fgm 31 1/94				

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.

REVENS, BLANDING, ST. PIERRE 946 CENTERVILLE POAD WARWICK RI 02886

Fil = 10 188 Lo 188 Rem CK5451

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 4565 mine

Corporate ID	5919 777	Annual Report for the year	ır1993
FIRST: The name of t	he corporation is	Michael M. Gooding,	D.M.D. Ltd.
SECOND: It is incorpo	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	general dentistry	
FOURTH: If foreign co	orporation, address of its p	principal office	
Fifth: Business addre	ess in Rhode Island	946 Centerville Road, War	wick, RI 02886
SIXTH: Names and ac	ddresses of its directors an	d officers: Address (including number,	(Attach rider if necessary)
	Director		
······································	Director		
	Director		
Michael M. Gooding	President	1422 Warwick Avenue Warwick, RI	
Michael M. Gooding	Uice Presid	lent Same as Above	
Michael M. Gooding		Same as Above	
Michael M. Gooding	,		
SEVENTH: Number of	Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
300	Common	PAID	No par value
	0000000	FEB 2 3 1993	NO par value
Еіднтн: Number of S	Shares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without
300	Common		No par value
Dated January 4	19 <sup>93</sup>	Michael M. Goo ding, D	.M.D.
		(Name of Corporation)	\n\n\
		By MICHAEL M. GOODING	<i>J.K.</i> 15
(Report must be sign	ned by an officer)	Title President //	••••••••••••••••

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# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	୍ ଓଡ଼ିକ	919	Annual Report for the y	ear
First:	The name of the co	rporation is	Michael M. Good:	ing. O.M.D. Ltd
SECOND	: It is incorporated	under the laws of	Rhode Island	
THIRD:	Character of busine	ess, briefly stated, is	general dentistry	
Fourth	: If foreign corpora	ition, address of its pr	rincipal office	
<b>Г</b> ІГТ <b>Н</b> :	Business address in	Rhode Island	946 Centerville Road	
			Warwick, RI 02886	
Ѕіхтн:	Names and address	es of its directors and	Officers: Address (including number	(Attach rider if necessary) per, street, zip code)
		Director		
		Director		
***************************************		Director	1422 there is a Brown	
Michael M.	Gooding	President	1422 Warwick Avenue Warwick, RI	
Michael M.	Gooding	Vice Preside	1422 Warwick Avenue ent Warwick, RI	
Michael M.	Cooding	Secretary	1422 Warwick Avenue Warwick, RI	
Michael M.	Gooding	Treasurer	1422 Warwick Avenue Warwick, RI	
Seventi	H: Number of Shar	es authorized:		Par Value
No. of St	nares	Class	Series	or statement that shares are without par value
300		Common	Sport	No par value
Еіднтн:	Number of Share	s issued:	Series  EB 1 4 1992  EB 7 OF STATE  Series	Par Value or statement that
No. of St	hares	Class	Series	shares are without par value
300		Common		No par value
Dated Janu	ary 6		Michael M. Gooding, D.M. (Name of Corporation)	.D.
(R	Report must be signed by	_	MICHAEL M. COODING Fitte President	

Form 31 1/85

State of Rhode Island and Frovidence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0036919		Annual Report for the year1991			
First:	The name of the corporation is		Michael M. Gooding, D.M.D. Ltd.			
SECOND	: It is incorporated u	nder the laws of	Rhode Island			
THIRD: Character of business, briefly stated, is			general dentistry			
Fourth	: If foreign corporati	on, address of its princ	cipal office			
<b>Г</b> ІГТН:	Business address in R	hode Island	946 Centerville Road			
******			Warwick, RI 02886			
Ѕіхтн:	Names and addresses	of its directors and off	ficers: Address (including numbe	(Attach rider if necessary)		
***************************************		Director		······································		
••••••						
*****************		Director	1422 Warwick Avenue	•••••••••••••••••••••••••••••••••••••••		
Michael M.	Gooding	President	Warwick, RI 1422 Warwick Avenue			
Michael M.	Gooding	Vice President	Warwick, RT			
Michael M.	Gooding	Secretary	Warwick, RI			
Michael M.	Gooding	Treasurer	1422 Warwick Avenue Warwick, RI			
Seventi	H: Number of Shares	authorized:		Par Value or statement that shares are without		
No. of Sh	ares	Class	Series AK	par value		
300		Common	SECY COM	No par value		
Еіднтн:	Number of Shares i	ssued:	SECY OF STATE	Par Value or statement that		
No. of St	nares	Class	Series	shares are without par value		
300		Common		No par value		
Dated Janua	ary 7,	19 <sup>9</sup> 1 (Nan	Michael M. Gooding, D.M.  me of Gorporation)  MICHAEL M. GOODING	.D. Ltd.		
ſR	eport must be signed by a	n officer) Title	President			

Form 31 1/85

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035310			Annual Report for the year 1.220				
First:	The name of the corporation is Michael M. Gooding, D.M.D. Ltd.						
ŞECOND	: It is incorporate	d under the laws of	Rhode Is	land	•••		
THIRD:	Character of busin	ness, briefly stated, is	general				
Fourth	: If foreign corpo	ration, address of its pri	ncipal office				
<b>Г</b> ІРТН:	Business address in	Rhode Island 946	Centerv				02886
Ѕіхтн:	Name	ses of its directors and	officers:	Address (inclu	ding number,	(Attach ric street, zip code)	der if necessary
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Director	••••••		•••••		••••••
******************************		Director					****************
		Director				·····	•••••••
Michael	M. Gooding	President	1422 W	arwick.Av	enue	Warwick.	, RI
Michael	M. Gooding	Vice Presiden	nt"	11	f1	18	1f
Michael	M. Gooding	Secretary	11	n	11		
Michael	M. Gooding	Treasurer		11		н	
Seventi	i: Number of Sha	res authorized:				Par Valo	•
No. of Sh	ares	Class	:	Series		or statemen shares are w par valu	ithout
500	)	Common	<b>'</b> D'(	1:0		No par	value
Еібнти:	Number of Share	es issued:	:::5	9 1030		Par Vali or statemen	
No. of Sh	nares	Class	Jakon W	Sēries>		shares are w par valu	ithout
300	)	Common			N	No par va	alue
Dated Ja	inuary 2		Michael Name of Corporat y Asher	M. Goodin	g, D.V Mas	l.D Ltd.	
(R	eport must be signed b	y an officer) T	itle Pre	sident	************	• - > 4 • > • • • • • • • • • • • • • • • •	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 36919 Annual Report for the year 1989			ar 1989			
First: The name of the	corporation is Micha	ael M	Gooding	g, D.M.D	. Ltd.	
SECOND: It is incorporate	ted under the laws of	Rl	node Isla	and		
THIRD: Character of bus	siness, briefly stated, is	••••••	genei	cal dent	istry	······································
Fourth: If foreign corp	oration, address of its prin	cipal of	fice	n/a		•••••••••••••••••••••••••••••••••••••••
FIFTH: Business address	in Rhode Island 946 Ce	enter	ville Roa	ad, Warw	ick, RI	
Name	esses of its directors and o	fficers:	Address	(including numb	(Attach ricer, street, zip code)	der if necessary)
	Disease				•••••	
	Director	***********			***************************************	••••••••••••
Michael M. Gooding	President	1422	Warwick	Avenue,	Warwick,	RI
H H H	Vice President	11				10
11 11 11	Secretary	<b>1</b> 1			11	11
н и и	Treasurer	11				n
SEVENTH: Number of SI	nares authorized:				Par Valu	•
No. of Shares	Class		Series		shares are wi par valu	thout
500	Common				No Par	: Value
5 N 1 601			PAII	3	<b>.</b>	
EIGHTH: Number of Sha	Class		Series	1989 STATT	Par Valu or statement shares are wi par valu	that thout
300	Common		y gar y willing w		No Par	. Value
Dated January 27	19 89	ICHAE	I, M. GOOD	ING, D.M	.D. LTD.	
		me of Corp	Hillan	Myn	har mos	
(Report must be signed	by an officer) Tit	r Pre	sident		1	*********

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE. RHODE ISLAND 02903

10.7

Corporate ID.	34919		Annual Report i	or the year	<u>រ</u> ិកុភូរ៉ា		
First:	The name of the corporatio	n is	Michael M. Gooding, D.M.D. Lid.				
Second:	It is incorporated under t	he laws of		hode Island			
Third:	Character of business, brief	fly stated, is	general dentistr	Υ	••••		
Fourth:	If foreign corporation, ad	ldress of its princ	cipal office		••••••		
<b>Г</b> ІГТН:	Business address in Rhode	Island	946 Centerv	ille Road			
			Warwick, RI	102886	•••••		
Ѕіхтн:	Names and addresses of its	directors and of		(Attach rider if neo luding number, street, zip code)	essary)		
		Director					
		Director			•••••		
***************************************	······································	Director	1422 Warwick Aven	ue			
Michael M.	Gooding	President	Managials DT				
Michael M.	Gooding	Vice President					
Michael M.	Gooding	Secretary					
Michael M.	Gooding	Treasurer	Warwick, RI				
SEVENTH		orized:	Scries	Par Value or statement that shares are without			
No. of Sh.	ares Class Common			No par value			
Еіднтн:	Number of Shares issued:		PAID MAR 24 1988 SECYOF STA	Par Value or statement that			
No. of Sh	ares Class		STONE STA	shares are without par value			
300	Common		200	No par value			
Dated	January 4 1 <b>9</b> 8		me of Comporation	G, D.M.D. LTD			
(R	enort must be signed by an office	r) Titl	c President				

Filing Fee \$15.00

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMASTER MALL PROVIDENCE, RHODE (SEAND 02903

First: The name			el M. Gooding, D.	M.D. Ltd.
	•			
FOURTH: If foreig	gn corporation, add	lress of its p	rincipal officeN/	A
FIFTH: Business a	ddress in Rhode Is	sland	946 Centerville R	oad
	,	***************************************	Warwick,RI02886	
Name	nd addresses of its o	Office		(Attach rider if necessary) ding number, street, zip code)
·····		Director		
		Director		
Michael M. Goodi	ng	President	1422 Warwick Av	enue, Warwick, RI
Michael M. Goodi	ng	Vice Presid	ent 1422 Warwick Av	enue, Warwick, RI
Michael M. Goodi	ng	Secretary	1422 Warwick Av	enue, Warwick, RI
Michael M. Goodi	.ng	Treasurer	1422 Warwick Av	enue, Warwick, RI
Seventh: Numb	er of Shares autho			Par Value
Seventh. Inditio		iizcu.		or statement that shares are without
No. of Shares	Class		Series	par value
500	Common	9 <b>3</b> /	4412	No par value
- ·	6.01	<b>19</b> 7	*	Par Value
EіGHTH: Numbe	r of Shares issued:	[3]	i c todf	or statement that shares are without
No. of Shares	Class	25074	がらいい Series	par value
300	Common			No par value
Dated Januar	<u>5, 19</u> 8	57 M	Name of Corporations  By Millia M. Gooding	D.M.D. Ltd.
(Report must	be signed by an officer	·)	Title Presiden	t <sup>''</sup>

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WEST MINSTER MALL PROVIDENCE, RHODE ISLAND 02903

rporate ID 36919		Annual Report for	Annual Report for the year 1986	
FIRST: The name	of the corporation is	ichael M. Gooding, D.M.D	. Ltd.	
Second: It is inco	orporated under the laws of	Rhode Island	<u> </u>	
THIRD: Character	of business, briefly stated,	s General Dentistry		
FOURTH: If foreig	n corporation, address of it	s principal office		
FIFTH: Business ac	ddress in Rhode Island	946 Centerville Road	, Warwick, RI 02886	
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary)	
••••••	Director			
	Director			
	Director			
Michael M. (	Gooding Presiden	1422 Warwick A	venue, Warwick, RI 02	
Michael M. (	Gooding Vice Pre	sidentsame.as.above		
Michael M. (	Gooding Secretary	same as above		
Michael M. (	Gooding Treasure	rsame as above		
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
300	common		no par value	
Еібнтн: Number	of Shares issued:	1/AY 13 1986	Par Value or statement that	
No. of Shares	Class	SECY. OF STATE	shares are without par value	
300	common	SECY. U	no par value	
ed February	19 86	MICHAEL M. GOODIN	IG, D.M.D. LTD.	
, <b>u</b>		(Name of Corporation)	/ / / · · ·	
j	UL 03 ENTO AN	By / Millial / W	folis per	
(Report must be	signed by an officer)	Title President	<i>U</i>	