



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. 36919		2. Name of Corporation Michael M. Gooding, D.M.D. Ltd.			
3. Street Address Principal Business Office 1422 Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. (401) 463-8170		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael M. Gooding			Vice President Name Michael M. Gooding		
Street Address 1422 Warwick Avenue			Street Address 1422 Wawick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Michael M. Gooding			Treasurer Name Michael M. Gooding		
Street Address same as above			Street Address same as above		
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"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VALUE			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



36919

File Date	2/15/05
Check No.	4134
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 Michael M. Gooding Date 1/21/05
Michael M. Gooding
Print or Type Name of Officer
President
Title of Officer



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)

1. Corporate ID No 36919		2. Name of Corporation Michael M. Gooding, D.M.D. Ltd.			
3. Street Address Principal Business Office 1422 Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. (401) 463-8170		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael M. Gooding			Vice President Name Michael M. Gooding		
Street Address 1422 Warwick Avenue			Street Address 1422 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Michael M. Gooding			Treasurer Name Michael M. Gooding		
Street Address same as above			Street Address same as above		
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"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VALUE			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



* 3 6 9 1 9 *

File Date 2-18-04
Check No. 3271
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 _____

Michael M. Gooding

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **36919**
2. Name of Corporation **Michael M. Gooding, D.M.D. Ltd.**
3. Street Address Principal Business Office
1422 Warwick Avenue
4. Business Phone No. **(401) 463-8170**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
general dentistry

City **Warwick** State **RI** Zip **02888**
6. SIC Code **9233**

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

President Name **Michael M. Gooding**
Street Address **1422 Warwick Avenue**
City **Warwick** State **RI** Zip **02888**
Secretary Name **Michael M. Gooding**
Street Address **same as above**
City _____ State _____ Zip _____

Vice President Name **Michael M. Gooding**
Street Address **1422 Warwick Avenue**
City **Warwick** State **RI** Zip **02888**
Treasurer Name _____
Street Address **same as above**
City _____ State _____ Zip _____

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

Director Name **NONE**
Street Address _____
City _____ State _____ Zip _____
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
300 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
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



* 3 6 9 1 9 *

File Date: **2.21.03**
Check No.: **2539**
By: **ICP**

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. Gooding** Date **1/6/03**
Print or Type Name of Officer
President

Title of Officer
President



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36919**
2. Name of Corporation **Michael M. Gooding, D.M.D. Ltd.**
3. Street Address Principal Business Office
1422 Warwick Avenue
4. Business Phone No. **(401) 463-8170**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
general dentistry

City **Warwick** State **RI** Zip **02888**
6. SIC Code **9233**

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

President Name Michael M. Gooding Street Address 1422 Warwick Avenue City Warwick State RI Zip 02888 Secretary Name Michael M. Gooding Street Address same as above City Warwick State RI Zip 02888	Vice President Name Michael M. Gooding Street Address 1422 Warwick Avenue City Warwick State RI Zip 02888 Treasurer Name Michael M. Gooding Street Address same as above City Warwick State RI Zip 02888
--	---

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

Director Name NONE Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

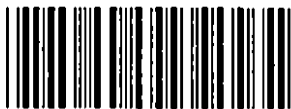
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
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



* 3 6 9 1 9 *

File Date: 2-25-02

Check No.: 1857

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] 1/3/02
Signature of Officer Date
Michael M. Gooding
Print or Type Name of Officer
President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36919** 2. Name of Corporation **Michael M. Gooding, D.M.D. Ltd.**
3. Street Address Principal Business Office **1422 Warwick Avenue** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **(401) 463-8170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Michael M. Gooding	Vice President Name Michael M. Gooding
Street Address 1422 Warwick Avenue	Street Address 1422 Warwick Avenue
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888
Secretary Name Michael M. Gooding	Treasurer Name Michael M. Gooding
Street Address same as above	Street Address same as above
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888

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

Director Name NONE	Director Name
Street Address	Street Address
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888
Director Name	Director Name
Street Address	Street Address
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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



* 3 6 9 1 9 *

File Date: 2/21

Check No.: 9416

By: Michael M. Gooding

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. Gooding Date 1-7-2001

Print or Type Name of Officer Michael M. Gooding

Title of Officer President

Title of Officer



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

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 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36919** 2. Name of Corporation **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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael M. Gooding	Vice President Name Michael M. Gooding
Street Address 1422 Warwick Avenue	Street Address same as above
City State Zip Warwick RI 02888	City State Zip same as above
Secretary Name Michael M. Gooding	Treasurer Name Michael M. Gooding
Street Address same as above	Street Address same as above
City State Zip Warwick RI 02888	City State Zip same as above

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 NO PAR COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
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



* 3 6 9 1 9 *

File Date: **PAID** **W.P. 5501**

Check No.: **FEB 15 2000**

By: **SECY OF STATE**

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.

Michael M. Gooding **2.2.00**
Signature of Officer Date

Michael M. Gooding
Print or Type Name of Officer

President

Title of Officer



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

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. Name of Corporation **Michael M. Gooding, D.M.D. Ltd.**
3. Street Address Principal Business Office **1422 Warwick Avenue** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **(401) 463-8170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Michael M. Gooding	Vice President Name Michael M. Gooding
Street Address 1422 Warwick Avenue	Street Address same as above
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888
Secretary Name Michael M. Gooding	Treasurer Name Michael M. Gooding
Street Address same as above	Street Address same as above
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888

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

Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 NO PAR COMMON		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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



File Date: Mar 3, 99
Check No.: 4511
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] 2-2-99
Signature of Officer Date
Michael M. Gooding
Print or Type Name of Officer
President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36919** 2. Name of Corporation **Michael M. Gooding, D.M.D. Ltd.**
3. Street Address Principal Business Office **1422 Warwick Avenue** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **(401) 463-8170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 Michael M. Gooding Street Address 1422 Warwick Avenue City Warwick State RI Zip 02888 Secretary Name Michael M. Gooding Street Address 1422 Warwick Avenue City Warwick State RI Zip 02888	Vice President Name Michael M. Gooding Street Address same as above City Warwick State RI Zip 02888 Treasurer Name Michael M. Gooding Street Address same as above City Warwick State RI Zip 02888
--	---

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

Director Name NONE Street Address City Warwick State RI Zip 02888	Director Name Street Address City Warwick State RI Zip 02888
--	---

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

AUTHORIZED SHARES	Class/Series	Par Value
300 NO PAR COMMON		

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

ISSUED SHARES	Class/Series	Par Value
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



File Date: **3/4**
Check No.: **3235**
By: **160**
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. Gooding** Date **2-25-98**
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36919** 2. Name of Corporation **Michael M. Gooding, D.M.D. Ltd.**
3. Street Address Principal Business Office **1422 Warwick Avenue** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **(401) 463-8170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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

Michael M. Gooding

Street Address

1422 Warwick Avenue

City **Warwick** State **RI** Zip **02888**

Secretary Name

Michael M. Gooding

Street Address

1422 Warwick Avenue

City **Warwick** State **RI** Zip **02888**

Vice President Name

Michael M. Gooding

Street Address

same as above

City **Warwick** State **RI** Zip **02888**

Treasurer Name

Michael M. Gooding

Street Address

City **Warwick** State **RI** Zip **02888**

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

Director Name

NONE

Street Address

City **Warwick** State **RI** Zip **02888**

Director Name

Street Address

City **Warwick** State **RI** Zip **02888**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

300 NO PAR COMMON

ISSUED SHARES

Number of Shares Class/Series Par Value

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



File Date: 2-11-97

Check No.: 2411

By: VP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Michael M. Gooding

Print or Type Name of Officer

President

Title of Officer

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

PLEASE TYPE OR PRINT IN BLACK INK.

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 CODE
1422 Warwick Avenue		Warwick	RI	02389
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

PRESIDENT NAME			VICE PRESIDENT NAME		
Michael M. Gooding			Michael M. Gooding		
STREET ADDRESS			STREET ADDRESS		
1422 Warwick Avenue			Same as Above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Warwick	RI	02888			
SECRETARY NAME			TREASURER NAME		
Michael M. Gooding			Michael M. Gooding		
STREET ADDRESS			STREET ADDRESS		
Same as Above			Same as Above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
None					
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
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

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: 2/28/96
Check No: 1725
By:
For Secretary of State Use Only

Signature of Officer
Michael M. Gooding
Print or Type Name of Officer
President
Title of Officer
Date: 2-18-96

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.

Corporate ID: 0056919 Annual Report for the year: 1995

Name of Corporation: Michael M. Gooding, D.M.D. Ltd.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

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

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

1422 Warwick Avenue
Warwick, RI 02888

Phone: (401) 463-8170

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael M. Gooding	1422 Warwick Avenue, Warwick, RI	02888	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael M. Gooding	Same as Above		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael M. Gooding	Same as Above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael M. Gooding	Same as Above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
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
300	Common, Without Par Value	300	Common, Without Par Value

Date January 2, 19 95 By: Michael M. Gooding
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95 **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.

REVEALS, ELANDING, ST. PIERRE
346 CENTERVILLE ROAD
WARWICK RI 02886

CA# 947 mnc

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: 0036919 Annual Report for the year: 1994
Name of Business Entity: Michael M. Gooding, D.M.D. Ltd.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: () _____

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

1422 Warwick Avenue

Warwick, RI 02888

Phone: (401) 463-8170

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:

Revens, Lanni, Revens & St. Pierre

946 Centerville Rd.

Warwick, RI 02886

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

Date of Organization: 12/30/85 *Rem*

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

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Michael M. Gooding</u>	<u>1422 Warwick Avenue, Warwick, RI</u>	<u>02888</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE-PRESIDENT (Check One) <u>Michael M. Gooding</u>	<u>Same as Above</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Michael M. Gooding</u>	<u>Same as Above</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Michael M. Gooding</u>	<u>Same as Above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 300
CLASS Common
SERIES
PAR VALUE OR
WITHOUT PAR Without Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 300
CLASS Common
SERIES
PAR VALUE OR
WITHOUT PAR Without Par Value

MICHAEL M. GOODING, D.M.D. LTD.

Date January 3, 1994

By: [Signature]

Michael M. Gooding

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OR OFFICIAL SIGNING

Form 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.

REVLANS, BLANDING, ST. PIERRE
946 CENTERVILLE ROAD
WARWICK RI 02886

Rem CK5451

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

4565 mine

Corporate ID 0036912 Annual Report for the year 1993

FIRST: The name of the corporation is Michael M. Gooding, D.M.D. Ltd.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is general dentistry.

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

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Michael M. Gooding

President

1422 Warwick Avenue
Warwick, RI

Michael M. Gooding

Vice President

Same as Above

Michael M. Gooding

Secretary

Same as Above

Michael M. Gooding

Treasurer

Same as Above

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

PAID

No par value

FEB 23 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

No par value

Dated January 4 1993

Michael M. Gooding, D.M.D.

(Name of Corporation)

By

MICHAEL M. GOODING

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

100310

Corporate ID 0085919 Annual Report for the year 1992

FIRST: The name of the corporation is Michael M. Gooding, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road
Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Vice President	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Secretary	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Treasurer	1422 Warwick Avenue Warwick, RI

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID
FEB 14 1992
SECY OF STATE

Dated January 6 19 92

Michael M. Gooding, D.M.D.
(Name of Corporation)

By [Signature]
MICHAEL M. GOODING
Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036919 Annual Report for the year 1991

FIRST: The name of the corporation is Michael M. Gooding, D.M.D. Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road
Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Vice President	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Secretary	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Treasurer	1422 Warwick Avenue Warwick, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
300	Common

Par Value
or statement that
shares are without
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

Par Value
or statement that
shares are without
par value

No par value

Dated January 7, 1991

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

(Name of Corporation)

By 
MICHAEL M. GOODING

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 0035310 Annual Report for the year 1990

FIRST: The name of the corporation is Michael M. Gooding, D.M.D. Ltd

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue, Warwick, RI
Michael M. Gooding	Vice President	" " " " "
Michael M. Gooding	Secretary	" " " " "
Michael M. Gooding	Treasurer	" " " " "

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated January 2 1990 Michael M. Gooding, D.M.D. Ltd.

(Name of Corporation)

By Michael M. Gooding, D.M.D.

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 36919 Annual Report for the year 1989

FIRST: The name of the corporation is Michael M. Gooding, D.M.D. Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general dentistry

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue, Warwick, RI
" " "	Vice President	" " " " "
" " "	Secretary	" " " " "
" " "	Treasurer	" " " " "

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

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

FEB 6 1989

Series
DIV OF STATE

Dated January 27 19 89

MICHAEL M. GOODING, D.M.D. 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

0.72

Corporate ID 36919 Annual Report for the year 1988

FIRST: The name of the corporation is Michael M. Gooding, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road
Warwick, RI 102886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Vice President	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Secretary	1422 Warwick Avenue Warwick, RI
Michael M. Gooding	Treasurer	1422 Warwick Avenue Warwick, RI

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID

MAR 24 1988

SECY OF STATE

Dated January 4 1988

MICHAEL M. GOODING, D.M.D., 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 36919 Annual Report for the year 1987

FIRST: The name of the corporation is Michael M. Gooding, D.M.D. Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general dentistry

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 946 Centerville Road

Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue, Warwick, RI
Michael M. Gooding	Vice President	1422 Warwick Avenue, Warwick, RI
Michael M. Gooding	Secretary	1422 Warwick Avenue, Warwick, RI
Michael M. Gooding	Treasurer	1422 Warwick Avenue, Warwick, RI

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

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

EX-101

RECEIVED

Dated January 5, 1987

Michael M. Gooding, D.M.D. Ltd.
(Name of Corporation)

By Michael M. Gooding

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 36919 Annual Report for the year 1986

FIRST: The name of the corporation is Michael M. Gooding, D.M.D. Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Dentistry

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Gooding	President	1422 Warwick Avenue, Warwick, RI 02889
Michael M. Gooding	Vice President	same as above
Michael M. Gooding	Secretary	same as above
Michael M. Gooding	Treasurer	same as above

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID
MAY 13 1986
SECY. OF STATE

Dated February 1986 MICHAEL M. GOODING, D.M.D. LTD.

(Name of Corporation)

(Report must be signed by an officer)

By Michael M. Gooding

Title President