

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 -101.222.3040

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. 2. Name of Corporation 18620 Oaklawn Family Dental, Inc. City Warwick 3. Street Address Principal Business Office 02886 RI 1 Lambert Lind Highway 6. SIC Civic 4. Business Phone No. 5. State of Incorporation 401-463-7676 9233 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island DENTISTRY ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name None Edward B. Kaiser, DDS Street Address Street Address 39 Miller Street Zip State CitrState Zip 02038 MA Franklin Treasurer Name Secretary Name Edward B. Kaiser, DDS Edward B. Kaiser, DDS Street Address Same as above <u>Same as above</u> State State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address State Zip City Zip City Director Name Director Name Street Address Street Address Z.(p Cin State CHY State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES ACTHORIZED SHARES Par Value Par Value Number of Shares ClassSeries Number of Shares Class Series No Par 100 Common 4,000 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 Signafure of Officer Edward B. Kaiser Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY 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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004	_
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 2. Name of Corporation 18620 Oaklawn Family Dental, Inc. Zip 3. Street Address Principal Business Office City 02886 Warwick RI1 Lambert Lind Highway 6. SIC Code 4. Business Phone No. 5. State of Incorporation 401-463-7676 9233 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island **DENTISTRY** FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name None Edward B. Kaiser, DDS Street Address 39 Miller Street City State Zip State 02038 MA Franklin Secretary Name Edward B. Kaiser, DDS Edward B. Kaiser, DDS Street Address Street Address Same as above Same as above Zip State State Zip City ☐ 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 State Zip City Director Name Street Address Street Address State Zip Z.Ip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" ROX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Number of Shares Class/Series Par Value No Par 100 Common 4,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee affirm that I have examined this report. including any accompanying schedules and statements and that all statements Edward B. Kaiser Print or Type Name of Officer President

Title of Officer

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

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

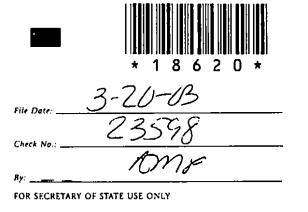
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

401-222-3040

18620	Oaklawn Fami	ily Dental, Inc.	_		
3. Street Address Principal Business C)ffice		City .	State	Zip
l Lambert Lind Hig 4. Business Phone No.	hway	5. State of Incorporation	Warwick	Rí	02886 6. SIC Code
1-401-463-7676 7. Brief Description of the Character of	of Business Conducted in a	RHODE ISLAND Rhode Island			9233
Dentistry 8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTACH	IMENTS
Edward B. Kaiser, Street Address	DDS		None Street Address		
39 MIller Street				e	Tt.
City	State	Zip	City	State	Zip
Franklin Secretary Name	MA	02038	Treasurer Name		
Edward B. Kaiser, Street Address	DDS		Edward B. K Street Address	Kaiser, DDS	
39 Miller Street			39 Miller	Street	
City	State	Zip	City	State	Zip
Franklin 9. NAMES AND ADDRESS Director Name	MA SES OF THE DIREC	02038 CTORS (*X* BOX FOR ATTA	Franklin CHMENT) FILL IN SPAC Director Name	,MA CES BEFORE USING ATTA	02038. CHMENTS
None Street Address			Street Address		
Спу	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES) (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
4,000 NO PAR VALUE			100	Common	No Par

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



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

Signature of Officer Date

Edward B. Kaiser
Print or Type Name of Officer

President

Title of Officer

Ferm 630 12/02

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACI	K)				
I. Corporate ID No.	2. Name of Corporation				
18620	Oaklawn Family	Dental, Inc.			
3. Street Address Principal Business Op	ffice		City	State	Zip
1 Lambert Lind Hi	ghway	5. State of Incorporation	Warwick	RI	02886 6. SIC Cade
401-463-7676 7. Brief Description of the Character o	f Business Conducted in Rho	RHODE ISLAND de Island			9233
Dentistry B. NAMES AND ADDRESSI President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHN	4ENT) FILL IN SPACES BEFO	DRE USING ATTACHMI	ENTS
Edward B. Kaiser	, DDS		None Street Address		
Tuy 31 Forest View D	rive State	Zip	Chy	State	Zip
Cumberland secretary Name	RI	02864	Treasurer Name		
Edward B. Kaiser	, DDS		Edward B. Kaiser, Street Address	DDS	
Same as above	State	Zip	Same as above	State	Zip
D. NAMES AND ADDRESSE	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE Director Name	FORE USING ATTACH	MENTS
None itreet Address			Street Address		
Zity	State	Zip	Gity	State	Zip
Director Name	,		Director Name		
ireet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	("X" BOX FOR ATTACHE	(ENT)	11. SHARES ISSUED (*X* BC	OX FOR ATTACHMENT)	
lumber of Shares 4,000 NC PAR VALUE	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



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

MILLE LOURS 3

Signature of Officer

3//3/02 Vate

No Par

Edward B. Kaiser
Print or Type Name of Officer

President

Alle of Offi

100

Title of Officer

Form 630 12/01

(FORM MUST BE TYPED IN BLACK)

18620

3. Street Address Principal Business Office

1 Lambert Lind Highway

Edward B. Kaiser, DDS

31 Forest View Drive

FOR SECRETARY OF STATE USE ONLY

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

1. Corporate ID No

4. Business Phone No.

401-463-7676

Dentistry

President Name

Street Address

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

State

FILL IN SPACES BEFORE USING ATTACHMENTS

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

5. State of Incorporation RHODE ISLAND City

Warwick

Vice President Name

Signature of Officer

Title of Officer

Edward B. Kaiser Print or Type Name of Officer President

None

City

Street Address

Oaklawn Family Dental, Inc.

02886

Zir

2. Name of Corporation

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

Cumberland	RI	· 02864			
Secretary Name			Treasurer Name		•
Edward B. Kaiser,	DDS		Edward B. K	aiser, DDS	
Street Address			Street Address		
Same ads above			Same as abo	ve	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
None					
Street Address			Street Address		
City	State	Zíp	City	State	Zip
Director Name			Director Name		-
Street Address			Street Address		
City	State	Zip	City	State	ZIP
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Serles	Par Val
4000 NO PAR VAL			100	Common	No
This report must be signe	d in ink by eith	er the President, Vic	ce President, Secretary, A	ssistant Secretary, Treasu	rer, Recei
			Under penalty of	perjury, I declareand affirm	that I have
* 1	8620			ding any accompanying sche	
FIL	ED			s contained by fell are true	
File Date:	<u> </u>			(U. [') [] (U. U. A.A.A./\	_ 1

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(דאם)	
Pa	e Value
n	No Par
easurer, Ke	ceiver or Trustee
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	have examined
schedules at true and corr	nd statements, and
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	2/7/01
Date	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Pravidence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 18620 2. Name of Corporation
Oaklawn Family Dental, Inc. City State 3. Street Address Principal Business Office 02886 RI Warwick Lambert Lind Highway, 6. 85 Soft State of incorporation RHODE ISLAND 463-7676 7. Brief Description of the Character of Business Conducted in Rhode Island Dentistry FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name NONE Edward B. Kaiser, DDS Street Address Street Address 31 Forest View Drive Zip State City City 02864 RΙ Cumberland, Treasurer Name Secretary Name Edward B. Kaiser, DDS Edward B. Kaiser, DDS Street Address Street Address 31 Forest View Drive 31 Forest View Drive City City 02864 RI 02864 Cumberland, RI Cumberland, 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 City State Zio Zip State City Director Name Olrector Name Street Address Street Address State Zip ZIp City City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Number of Shares Class/Series Par Value Number of Shares

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

	* 1 8 6 2 0 *	
File Date:	1/31/00	
Check No.:	21126	
Ву:	CL	
	OF STATE USE ONLY	

4000 NO PAR VAL

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and rein are true and correct. Edward B. Kaiser Print or Type Name of Officer

common

no par



President

Title of Officer

100

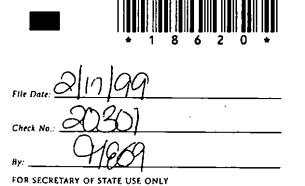


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2 18620	2. Name of Corporation Oaklawn Family	Dental, Inc.	-		
3. Street Address Principal Business Office	e		City	State	Zip - · · - ·
l Lambert Lind 4. Business Phone No.	Highway	5. State of Incorporation	Warwick	RI	02886 . 6. SIC Code
463-7676 7. Brief Description of the Character of Ru	usiness Conducted in Rhodi	RHODE ISLAND			9233
Dentistry 8. NAMES AND ADDRESSES President Name	OF THE OFFICERS	S ("X" BOX FOR ATTACHM	ENT) FILL IN SPACI	ES BEFORE USING ATTACHM	ENTS
Edward B.Kaiser	, DDS		None Street Address		
l Lambert Lind s	Highway	Zip	City	State	Zip
Warwick Secretary Name	RI	02886	Treasurer Name		**.**** ****************
Edward B. Kaise Street Address	er, DDS		Edward B. Street Address	Kaiser, DDS	
l Lambert Lind s	Highway State	Zip	l Lambert	Lind Highway	
Warwick 9. NAMES AND ADDRESSES Director Name	RI OF THE DIRECTO	02886 RS (*x* box for attace	Warwick HMENT) FILL IN SPA Director Name	RI CES BEFORE USING ATTACH	02886 MENTS
None Street Address			Street Address		
City 5	itate	Zip	City	State	Zip
Ofrector Name	•	•	Director Name		
Street Address			Street Address		
City s	itate	Zip	City	State	Zip
10. SHARES AUTHORIZED (*) AUTHORIZED SHARES	X" BOX FOR ATTACHME	(דא:	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares ,	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000 NO PAR VAL			100	Common	No Par

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 are true and correct



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 BLA	CK)				
1. Corporate ID No.	2. Name of Corporal	tion			
18620	Qaklawn Fa	mily Dental, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
1 Lambert Lind H	lighway	5. State of Incorporation	Warwick	RI	02886 6. SIC Cade
(401) 463-7676 7. Brief Description of the Character	r of Rusiness Conducted i	RHODE ISLAND n Rhode Island			9233
Dentistry 8. NAMES AND ADDRES	SES OF THE OFFI	CERS (*X* BOX FOR ATTACHM	AENT) Vice President Name		
President Name	DDC		None		
Edward B. Kaiser Street Address	פעע,		Street Address		
1 Lambert Lind H	lighway State	Zip	City	State	Zip
Warwick Secretary Name	RI	02886	Treasurer Name		
Edward B. Kaiser	, DDS		Edward B. Kais Street Address	ser, DDS	
l Lambert Lind H	liohway		l Lambert Lind	i Highway	
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) Director Name		
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 AUTHORIZED SHARES	ED (*x* box for ati	FACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMENT)	
Number of Chares	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

Number of Shares

100

	* 1 8 6 2 0 *
File Date:	20/98
Check No.:	7433
By:FOR SECRETARY OF	HEGG STATE USE ONLY

Class/Series

Number of Shares

4000 NO PAR VAL

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

Common

No Par



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

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.

2. Name of Corporation

18620

Oaklawn Family Dental, Inc.

3. Street Address Principal Business Office Cliv State RI 02886 l Lambert Lind Highway Warwick 4. Business Phone No. S. State of Incorporation 6. SIC Code (401) 46327676 **RHODE ISLAND** 9233 7. Brief Description of the Character of Business Conducted in Rhode Island Dentistry 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Edward B. Kaiser, DDS None Street Address Street Address l Lambert Lind 'Highway City State City State Zip 02886 RI Warwick Secretary Name Treasurer Name Edward B. Kaiser, DDS Edward B. Kaiser, DDS Street Address Street Address 1 Lambert Lind Highway l Lambert Lind Highway City State Zip City n 02886 02886 Warwick RI Warwick! RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name 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 AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

4000 NO PAR VAL

AUTHORIZED SHARES

Number of Shares

100

Title of Officer

ISSUED SHARES

Number of Shares

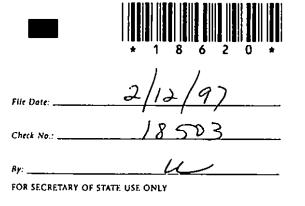
Inm

Class/Series

nopar

Par Value

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



Class/Series

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 confidence herein are true and correct.

Signature of Officer

EDWARD B KAISER

Print or Type Name of Officer

OWNER

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing	Fee:	\$50.00
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		PLEASE TYPE OR I	PRINT IN BLACK INK.		
. CORPORATE ID NO.	2. NAME OF CORPORATION				
18620		wn Family Denta			
STREET ADDRESS PRINCIPAL BUSINESS	OFFICE		άπν	STATE	2)P C00€
l Lambert Li	nd Highway		Warwick	RI	02886
USINESS PHONE NO.		5 STATE OF INCORPORATION			6 SC COOE
(401) 463-7676 RHODE I			SLAND		0022
IREF DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN PAIDOE	ISLAND			9233
Dentistry					
	B. NA	MES AND ADDR	ESSES OF THE O	FFICERS	· · · · · · · · · · · · · · · · · · ·
SIDENT NAME	•		VICE PRESIDENT NAME		••
Edward B. Kais	er, DDS		None		
EET ADDRESS	ad Wichman	•	STREET ADDRESS		
l Lambert Li		T ZIP COD€	oily	STATE	T 70 0005
Warwick	STATE R		·, uiv	PINE	ZIP COOE
RETARY NAME		- Calair de lies - Calair de Britale F	TREASURER NAME		
Edward B. Kais	er. DDS			Kaiser, DDS	
EET ADORESS			STREET ADDRESS		
l Lambert Li	nd Highway		1 Lambert	Lind Highway	
,	STATE	ZIP COOE	CITY	STATE	ZIP CODE
Warwick	RI	1 02886	Warwick.	'RI	02886
• -	9. NA	MES AND ADDR	ESSES OF THE D	IRECTORS	• • • • • • • • • • • • • • • • • • • •
RECTOR NAME		, ,	ORECTOR HAVE		•
None		 			
REET ADOMESS			STREET ADDRESS		
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ECTOR NAME			DIRECTOR NAME		
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Υ	STATE	ZIP COD€	arv	STATE	ZIP COOE
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	10. S	HARES AUTHOR	IZED AND ISSUE	D	
	AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	CLASS / SERTES	PAR VALUE
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_			NED IN INK by either		
ł. Pr	esident, Vice Presic	dent, Secretary, Assis	tant Secretary, Treasure	er, Receiver or Truste	e K

File Date: 1-31-96

Check No: 18583

Ву:

ON ON

2000 - 1200 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -1000 - 1000 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 61 Officer

DR. EDWARD KAISE K Print or Type Name of Officer

PRESIDENT
Title of Officer

790 Date

For Secretary of State Use Only

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.

Corporate ID:		Annual Re	eport for the year:	
	Daklawn Family D	ental, Inc.	, , , , , , , , , , , , , , , , , , , ,	
For foreign entity, address and te	the laws of the State of: PHIDE I	こ <u>ら</u> かり Busing [X] I	ess Entity is (check one): Business Corporation (See RIGL Chap Professional Service Corporation (See	
			statement of the character of business	•
Phone: ()		Den	tistry	conducted in Knode Island;
Island (Provide street address - N1395Oaklawn_Aven	ncipal office of business entity in Rhoclot P.O. Box):			
-				
Phone: (4.01) 4.63=7.6.7.6				
	THE NAM	ES OF THE OFFIC	CERS ARE:	•
PRESIDENT RAISER	DDS 1305 Oaklase Assa	STREET ADDRESS	CITY/STATE	74P CODE
VICE PRESIDENT	DDS, 1395 Oaklawn Ave	STREET ADDRESS	CITYSTATE	ZPCODS
SECRETARY Edward B. Kaiser,	DDS	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER Edward B. Kaiser,	DDS	STREET ADDRESS	CITYSTATE:	ADO.3 dix
	THE NAME	S OF THE DIREC		
NAME		STREET ADDRESS	CITY/STATE	ZIP CODE
NAME		STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	·····	STREET ADDRESS	CITY/STATE	7.IP CODE
NUMBER OF SHARES AUTHOR	IZED (Rider may be attached)	NUMBER	OF SHARES ISSUED AND OUTSTAN	DING (Rider may be attached)
Number of Shares 4000	Class / Series Common	Number o	of Shares Class / Series	<u>-</u>
No Par Value	•		ala []	
Date 22 2	19_95	By: Clill	M faisi	
Form 31 1/95		PRINT OR TYPE NAME OF C	PDU/ARD	KAISER
	DESIGNATED REGISTE		' PRESIDENT SERVICE OF PROCESS:	
DI L'ACE MOTE, if the conjugate	id office and/or registered agent indi-		P 0 1 61 1	

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

FILED

FEB 2 7 1995

NKC 17/57

ANDREW M. GILSTEIN 155 BOUTH MAIN STREET PROVIDENCE RI 02903 Frling #28 \$50 00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jun. 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

0018620	Annual Report for the year	1994	
Corporate ID:	Daklawn Family		
Name of Business Entity	<u> </u>		
Business entity organized under the laws of the State of Rhode Federal Taxpayer Identification Number:		one): rporation (See RIGL Chapter 7-1.1) Service Corporation (See RIGL Ch	
For foreign entity, address and telephone number of principal office:	• •	office Company (See RIGL 7-16)	apier / 5.7/
	··- ·- ·	iddress of contact person to whom	
	communications may be	directed [.] _lstein <u>_Esq.</u>	
	Armstrong, 0		
Phone ()	155 South Ma Providence,	::: : =	
Address and telephone of the principal office of business entity in Rt Island (Provide street address - Not P.O. Box): 1395 Oaklawn Avenue		aracter of business conducted in Ri	hode Island:
Cranston, RI	–		-
Grans conj. Kr	Date of Organization:	12/27/83	
Phone (401) 463-7676		do business in Rhode Island (if fore	eign catity)
There			
— · · · THE NA	MES OF THE OFFICERS ARE:	- · 	
[] THE FEXECUTIVE OFFICER OR VERBS DEST (Check One)	STREET ADDRESS	CITY STATE	ZUP CODE
Edward B. Kaiser, DDS, 1395 Oaklawn a	STRUET ADDRESS	CUTY/STATE	ZIP CODE
CUSTODIANOPRELORDS OR D SECRETARY (Sections)	SCREET AUDRESS	CHASTATE	ZIP CODE
Edward B. Kaiser, DDS CHIEF INSANDAL OFFICER OF THE STREET COMMON TO	ZASKIJA ITARTZ	CITYSTATE	ZIF CODE
THE NAME.	MES OF THE DIRECTORS ARE:	CLEVISTATE	Zie CODE
NAME	STREET ADDRESS	CITYSTATE	7.P COOF
NAME.	STREET ADDRESS	CITYSTATE	24 € COD€
NUMBER OF SHARES AUTHORIZED (It Applicable)	NUMBER OF SHARES IS	SUED AND OUTSTANDING (If	Applicable)
NUMBER 4000	NUMBER		
CLASS Common	CLASS		
SERIES	SERIES		
PAR VALUE OR no par WITHOUT PAR	PAR VALUE OR WITHOUT PAR	/-	
Date	By Allah (1) la	WILL	-
/	PRINT OF TARRANGE OF DESTRUCTION OF	415tx.	·
	HILL OF OFFICERS STONING		
Form 31 - 194			
DESIGNATED REGISTERED	OR RESIDENT AGENT FOR SERV	TCE 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.

FILED

MAR 1 4 1994 By <u>M659 U078</u>2

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	0018620	*************************	Annual Report for the year	1993
First:	The name of the corp	poration is0	aklawn Family Dental, Inc.	
Second	: It is incorporated	under the laws of.	Rhode Island	
engage	in any and all o	ther businesso	to provide dental services to es for which corporation may be n Act, as amended from time to t	incorporated unde
Fourth	: If foreign corporat	ion, address of its	principal office	
Fіғтн:	Business address in F	Rhode Island	1395 Oaklawn Avenue, Crans	ton, RI 02920
Ѕіхтн:	Names and addresse	s of its directors ar	nd officers: Address (including number, stre	(Attach rider if necessary)
••••••		Director		
		Director		
		Director		
Edward	B. Kaiser, DDS	President	1395 Oaklawn Avenue, Cranst	on, RI 02920
		Vice Presi	dent	
Edward	B. Kaiser, DDS	Secretary		
Edward	B. Kaiser, DDS	Treasurer		
Seventi	H: Number of Share	s authorized:		Par Value or statement that shares are without
No. of Sh	ares	Class	Senes	par value
4000		Common		No Par
Еіснтн:	Number of Shares	issued:	Aeo'd & Pled MAR 31 1973	Par Value or statement that shares are without
No of Sh 00	ares	Class	Series AM	par value
Dated	3/8/93	1993	Oaklawn Family Dental, Inc. (Name of Corporation)	
(R	eport must be signed by a	n officer)	Title Just the steery	Treas

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.	9315		Annual Report for the year	ear <u>1992</u>
First:	The name of the co	rporation is	Qaklawn Family S	ental, Inc.
SECOND:	It is incorporated	under the laws of	Rhode Island	
engage in any	y and all other	businesses for w	to provide dental services which corporations may be in ended from time to time.	corporated under the
			rincipal officeN/A	
Г ігт н :	Business address in	Rhode Island		Cranston, RI 02920
Ѕіхтн:	Names and address	es of its directors and	i officers: Address (including numb	(Attach rider if necessary)
•••••	······································	Director		
***************************************	· · · · · · · · · · · · · · · · · · ·	Director		······
		Director		
Edward B. k	Kaiser, DDS	President	1395 Oaklawn Avenue,	Cranston, RI 02920
	,	Vice Preside	ent	
Edward B. K	Kaiser, DDS	Secretary		
Edward B. K	Kaiser, DDS	Treasurer		·····
Seventh	: Number of Shar	es authorized:		Par Value or statement that shares are without
No. of Sha 4000	res	Class	Series NPR	
4000		Common	Sones APR	No Par
Еібнтн:	Number of Shares	s issued:	j	Par Value
No of Sha	res	Class	Series (X)	or statement that shares are without par value
Dated 3	43		Oaklawn Family Dental, Inc.	
(Re	port must be signed by	an officer)	By Sight And	Resident

**t

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	0018620	•••••	Annual Report for th	ie year1991
First:	The name of the co	rporation is	Oaklawn Family Dental	La Inc.
SECOND:	It is incorporated	under the laws of		
engage i	n any and all of	ther businesses for	which corporation may	ces to the public and to be incorporated under to time.
Fourth:	If foreign corpora	ation, address of its princ	ipal officeN/A	
Г ІРТН:	Business address in	Rhode Island 1395	Daklawn Avenue, Cranst	on, RI 02920
Ѕіхтн:	Names and address	es of its directors and off		(Attach rider if necessary)
	••••••	Director		
		Director		
	•••••	Director		
Edward B	. Kaiser, DDS	President	1395 Oaklawn Avenue.	Cranston, RI 02920
		Vice President		
Edward B	. Kaiser, DDS	Secretary	······································	
Edward B	. Kaiser, DDS	Treasurer		
Seventh	: Number of Shar	res authorized:		Par Value or statement that
No. of Sha	ares	Class	Series	shares are without par value
4000		Common	Rec'd & Flied APR	1 4 1992 No Par
Еібнтн:	Number of Share	s issued:	/	Par Value or statement that
No. of Sha	ares	Class	Series	shares are without par value
Dated	4/13	19 9 2	Oaklawn Family Denta	l, Inc.
		Ву	() (Kuus	Mell
(Re	port must be signed by	an officer) Title	Museu	,

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

7	T
90	

Corporate ID.	0018620		Annual Report for the year	1990
FIRST:	The name of the co	rporation is	Oaklawn Family Dental,	Inc.
SECOND:	It is incorporated	under the laws of	Rhode Island	
engage i	in any and all o	ther businesses	to provide dental services to for which corporations may be act, as amended from time to time	incorporated under
Fourth:	If foreign corpora	tion, address of its p	orincipal officeN/A	
Гі ғтн:	Business address in	Rhode Island 1395	5 Oaklawn Avenue, Cranston, RI (02920
Ѕіхтн:	Names and address	es of its directors and	d officers: Address (including number, stree	(Attach rider if necessary)
	••••••	Director		
• • • • • • • • • • • • • • • • • • • •	***************************************	Director		•••••••••••••••••••••••••••••••••••••••
		Director		
Edward B.	Kaiser, DDS	President	1395 Oaklawn Avenue, Cransto	
	•••••	Vice Presid	ent	
	Kaiser, DDS			
	Kaiser, DDS	Treasurer		
Seventh:	Number of Share	es authorized:		Par Value
No. of Sha 4000	res	Class Common	Series	or statement that shares are without par value No Par
			PAID	
Еіснтн:	Number of Shares	issued:	FEB 2 0 1990	Par Value or statement that
No. of Sha	res	Class	SEC'Y. OF STATE	shares are without par value
Dated	/14		Oaklawn Family Dental, Inc.	
		1	By National alle	
(Re	port must be signed by	an officer)	Title LARILALIO	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0018820	Annual Report for th	le year .1989
First: T	the name of the corporation is	Daklawn Family Den	tal, Inc.
SECOND:	It is incorporated under the law	ws of Rhode Island	
THIRD: (engage in	Character of business, briefly standard all other business Island Business Corpora	ted, is to provided dental servi esses for which corporations m tion Act, as amended from time	ces to the public and to and to time.
Fourth:	If foreign corporation, address	of its principal office ^{N/A}	
Fігтн: В	usiness address in Rhode Island	1395 Oaklawn Avenue, Cranst	on, RI 02920
Sіхтн: N	Names and addresses of its direct		(Attach rider if necessary)
***************************************	Dire	ector	
	Dire	ector	
• • • • • • • • • • • • • • • • • • • •	Dire	ector	
Edward B.	Kaiser, DDS Pres	ident 1395 Oaklawn Avenue,	Cranston, RI 02920
	Vice	President	······
Edward B.	Kaiser, DDS Secr	etary	
Edward B.	Kaiser. DDS	surer	
Seventh:	Number of Shares authorized		Par Value or statement that shares are without
No of Share		Series	par value
4000	Common	DIAG	No Par
Еіднтн:	Number of Shares issued:	PAID (MR 84 198 Series COV OF ST	Par Value or statement that shares are without
No. of Share	s Class	Series Copy OF St	par value
Dated 3		Oaklawn Family Dental, I (Name of Corporation) By	nc. Usur
(Rep	ort must be signed by an officer)	Title Piec	

Form 31 - 1785

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 18620	<u> </u>	Annual Report for the year	r 1988
FIRST: The name of	the corporation is	Paklawn Family Dental, Inc.	e gran a second que
SECOND: It is incorp	porated under the laws of	Rhode Island	
		s to provide dental services to s for which corporations may b Act, as amended from time to	
FOURTH: If foreign	corporation, address of its	principal office	······································
FIFTH: Business add	ress in Rhode Island ^{1.3}	95 Oaklawn Avenue, Cranston, I	RI 02920
SIXTH: Names and a	addresses of its directors a		(Attach rider if necessary) street, zip code)
	Director		
	Director		
	Director		
Edward B. Kaiser,	DDS President	1395 Oaklawn Avenue, Crar	nston, RI 02920
	Vice Pres	ident	
Edward B. Kaiser,	DDS Secretary		······
Edward B. Kaiser,	DDS Treasurer		······
SEVENTH: Number	of Shares authorized:		Par Value or statement that shares are without
No. of Shares 4000	Class Common	Series	par value No Par
4000	Common	- 410	no rai
Eіднтн: Number of	Shares issued:	Series 5207 OF STATE	Par Value or statement that
No of Shares	Class	Series OF STAIL	shares are without par value
Dated 7/21/89	19 89	Oaklawn/Family Dental, Inc. (Name of Corporation) By	- 2(L
(Report must be si	gned by an officer)	Title // Cl//	

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

Corporate ID	18620		Annual Repo	ort for the year1987			
First:	The name of the c	orporation isOs	aklawn Family Dental, Inc.				
Second:	It is incorporate	d under the laws of	State of Rhode	Island			
and to be inc amende	o engage in a corporated ur ed from time	any and all ot ider the Rhode to time.	ther businesses f	tal services to the public for which corporations may Corporation Act, as			
FOURTH:	: If foreign corpo						
Гі ғтн:	Business address in			Providence, Rhode			
Island	1 02903						
Ѕіхти:	Names and address	ses of its directors ar		(Attach rider if necessary) (including number, street, zip code)			
	•••••••••••••••••••••••••••••••••••••••	Director					
·	·	Director		·········			
	•••••	Director					
Edward	B. Kaiser,	DDS President	1395Oaklawn	Avenue, Cranston, RI			
*****	************	Vice Presi	dent				
Edward	l B. Kaiser,	DDS Secretary	1395Oaklawn	Avenue, Cranston, RI			
Edward	l B. Kaiser,	DDS Treasurer		Avenue, Cranston, RI			
Seventh				Par Value			
No. of Sha		Class Common	Series	or statement that shares are without par value			
Еюнтн:	Number of Share	09/22 22/87 es issued: 87		without par value Par Value or statement that			
No of Sha	ares None	Class PA	Series	shares are without par value ENPAREDSEP 2 3 1987			
Dated	September	03 GHERE 03 GHERE 03 GHERE 03 GHERE	Oaklawn Family	Dental, Inc.			
(Re	port must be signed by	y an officer)	Title Deals	LEW ELDEN			

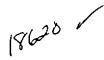
State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

•	······································		t for the year 1986	·····
FIRST: The name of the corpor	ration is Oaklas	wn Family Denta	l, Inc.	••••••
SECOND: It is incorporated und	der the laws ofS	tate of Rhode I	sland	
THIRD: Character of business, and to engage in any be incorporated under	and all other	r businesses fo	r which corpora	tions may
amended from time to Fourth: If foreign corporation	time.			
				•••••••••••••••••••••••••••••••••••••••
FIFTH: Business address in Rho	ode Island1.5.0.0.	.Fleet Center,	Providence, Rho	de
Island 02903			•••••	•••••
SIXTH: Names and addresses o	f its directors and o		(Attach rid ncluding number, street, zip code)	er if necessary)
	Director		•••••••••••••••••••••••••••••••••••••••	••••
	Director			•••••
	Director			••••••
Edward B. Kaiser, DDS	President	1395 Oaklawn A	venue, Cranston	, RI
	Vice Presiden	t	••••••••••••	
Edward B. Kaiser, DDS	Secretary	1395 Oaklawn A	venue, Cranston	, RI
Edward B. Kaiser, DDS	Treasurer	1395 Oaklawn A	venue, Cranston	, RI
SEVENTH: Number of Shares a			Par Valu or statement shares are wi	that thout
No. of Shares 4,000	Class Common	Series	mr value without p	
Eighth: Number of Shares iss	ued:		Par Valu or statement	that
No of Shares None	Class	Series	shares are wi par valu	
Dated February ,	19 <u>.86.</u>	aklawh Family D	ental, Inc.	······
FEB 18	and o	Young de F	3/au 0.	M
(Report must be signed by an o	officer) Ti	ile Pres.		

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 18620		Annual Rep	ort for the ye	ar1985	••••••
FIRST: The name of the corpora	ation isQakl	awn Family De	ental, In	c.	
SECOND: It is incorporated und	er the laws of S.t	ate of Rhode	.Island		••••••
THIRD: Character of business, tand to engage in any be incorporated under amended from time to	the Rhode I	sland Busines	ss Corpor	ation Act,	as
FOURTH: If foreign corporation	, address of its prin	icipal office	***************************************	•••••••••••••••••••••••••••••••••••••••	
FIFTH: Business address in Rho	de Island 1500	Fleet Center	, Provid	ence, Rhod	le
Island 02903			•••••	•••••	***************************************
SIXTH: Names and addresses of	its directors and o		s (including number	(Attach rider r, street, zip code)	if necessary)
	Director		•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	*************
	Director		•••••••	••••••••••	••••
	Director			•••••••••••••••••••••••••••••••••••••••	
Edward B. Kaiser, DDS	President	1395 Oaklawn	Avenue,	Cranston,	RI
	Vice President	·	••••••	••••••••••	•••••
Edward B. Kaiser, DDS	Secretary	1395 Oaklawn	Avenue,	Cranston,	RI
Edward B. Kaiser, DDS	Treasurer	1395 Oaklawn	Avenue,	Cranston,	RI
SEVENTH: Number of Shares at	nthorized:	Series	•	Par Value or statement tha shares are withou par value	
•			₩	rithout par	value
EIGHTH: Number of Shares issu	ed: 8			Par Value or statement that shares are withou	
No. of Shares None C	lass ?	Series		par value	
Dated February ,	9	klawn Family	Dental,	Inc.	······································
FEB 1	8 1986 By	Mysell	11) (Jac	u	
(Report must be signed by an of	ficer) Tit	le /NS.	•••••	••••	

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

PORATE ID#:	: 18620		Annual Rep	ort for the ye	ar 198	4	
First: '	The name of	the corporation	S OAKLAW	N FAMILY	DENTAL,	INC.	

SECOND:	It is incorp	orated under the	e laws of	Rhode Is	land.		
THIRD:	Character of	business, briefly	stated, is	dental s	ervices	to the	
public and	any or all	l other lawfu	l purpose	s			
Fourth:	If foreign	corporation, ad	dress of its p	principal offi	ice		
		N/A					
Fifth:	Business add	lress in Rhode Is	sland (blan	k reports wi	ill be mai	led to this	
address) 220	00 Fleet Na	tional Bank	Building,	Providen	ce, RI	02903	
Sixth:	Names and a	addresses of its	directors an	d ófficers:	••		
	(Addresses m	ust include street ar	nd number, if	any)			
N N	arms C	Office			ress		
x Thures	a n/acxu	Director	1396	Oaklain	Are CI	reston le	-1
• •		Director			•		
		Director					
Edward B. K	Kaiser, DDS	President	13 9 5 O	aklawn Av	enue, C	ranston,	RI
		Vice Presid	ent				
Edward B, K	aiser, DDS	Secretary	1395 O	aklawn. Av	enue, C	ranston.	RI
	Caiser, DDS pace is needed	attach rider)	1395 0	aklawn Av	enue, C	ranston,	RI
SEVENTH	: Number o	of Shares author	rized: 4,0	00	Par \		
No. of Shar	res	Class	Serie	25	shares are par v	without	
4,000)	Common			No Pa	r Value	
Еіснтн:	Number of	Shares issued:	0		Par \ or statem		
No. of Sha	res	Class	Serie	es	shares are	without	
0		Common			No Pa	r Value	
Dated: Jan	uary	19 .85		WN FAMILY	DENTAL	, INC.	
		25 .85	6/	Corporation)	fi.	_	
			By Cfl.	vacer p	precie	<u> </u>	
		PAID	Title Pre	sident			ר
			/Dana	must be signe	ad b	(C =)	

Form #9 must be filed. Please antact Corporation Division for information. 277-3040