



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. 18620		2. Name of Corporation Oaklawn Family Dental, Inc.			
3. Street Address Principal Business Office 1 Lambert Lind Highway			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-463-7676		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward B. Kaiser, DDS			Vice President Name None		
Street Address 39 Miller Street			Street Address		
City Franklin	State MA	Zip 02038	City	State	Zip
Secretary Name Edward B. Kaiser, DDS			Treasurer Name Edward B. Kaiser, DDS		
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
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



18620

File Date	2/11/05
Check No.	25137
By:	ES.
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: Edward B. Kaiser Date: 3/2/05
Print or Type Name of Officer: Edward B. Kaiser
Title of Officer: President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 18620		2. Name of Corporation Oaklawn Family Dental, Inc.			
3. Street Address Principal Business Office 1 Lambert Lind Highway		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-463-7676		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward B. Kaiser, DDS			Vice President Name None		
Street Address 39 Miller Street			Street Address		
City Franklin	State MA	Zip 02038	City	State	Zip
Secretary Name Edward B. Kaiser, DDS			Treasurer Name Edward B. Kaiser, DDS		
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
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



* 1 8 6 2 0 *

File Date 2/25/04
Check No. 24338
By: 2

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

Edward B. Kaiser

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. 18620 2. Name of Corporation Oaklawn Family Dental, Inc.

3. Street Address Principal Business Office 1 Lambert Lind Highway City Warwick State Ri Zip 02886
4. Business Phone No. 1-401-463-7676 5. State of Incorporation RHODE ISLAND 6. SIC Code 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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Edward B. Kaiser, DDS</u> Street Address <u>39 Miller Street</u> City <u>Franklin</u> State <u>MA</u> Zip <u>02038</u>	Vice President Name <u>None</u> Street Address City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>Edward B. Kaiser, DDS</u> Street Address <u>39 Miller Street</u> City <u>Franklin</u> State <u>MA</u> Zip <u>02038</u>	Treasurer Name <u>Edward B. Kaiser, DDS</u> Street Address <u>39 Miller Street</u> City <u>Franklin</u> State <u>MA</u> Zip <u>02038</u>

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

Director Name <u>None</u> Street Address City <u></u> State <u></u> Zip <u></u>	Director Name Street Address City <u></u> State <u></u> Zip <u></u>
Director Name Street Address City <u></u> State <u></u> Zip <u></u>	Director Name Street Address City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>4,000 NO PAR VALUE</u>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par</u>

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: 3-20-03
23598
Check No.: AMF
By: _____

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.

X Edward B. Kaiser 3/19/03
Signature of Officer Date

Edward B. Kaiser
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02



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. 2. Name of Corporation

18620

Oaklawn Family Dental, Inc.

3. Street Address Principal Business Office

1 Lambert Lind Highway

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401-463-7676

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Edward B. Kaiser, DDS

None

Street Address

Street Address

31 Forest View Drive

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Secretary Name

Treasurer Name

Edward B. Kaiser, DDS

Edward B. Kaiser, DDS

Street Address

Street Address

Same as above

Same as above

City

State

Zip

City

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

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

4,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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



* 1 8 6 2 0 *

File Date: 3-15-02

Check No.: 22831

By: AMF

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: Edward B. Kaiser Date: 3/13/02

Edward B. Kaiser

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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. **18620** 2. Name of Corporation **Oaklawn Family Dental, Inc.**
3. Street Address Principal Business Office City State Zip
1 Lambert Lind Highway **Warwick** **RI** **02886**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-463-7676 **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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Edward B. Kaiser, DDS	Vice President Name None
Street Address 31 Forest View Drive	Street Address
City State Zip Cumberland RI 02864	City State Zip
Secretary Name Edward B. Kaiser, DDS	Treasurer Name Edward B. Kaiser, DDS
Street Address Same ads above	Street Address Same as above
City State Zip	City State Zip

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
4000 NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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



* 1 8 6 2 0 *

FILED

File Date: **FEB 13 2001**

Check No.: **By 0021978**

By: **66**

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.

Edward B. Kaiser 2/7/01
Signature of Officer Date

Edward B. Kaiser

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 2000

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.	
3. Street Address Principal Business Office Lambert Lind Highway,		City Warwick	State RI
4. Business Phone No. 463-7676		5. State of Incorporation RHODE ISLAND	
6. SIC Code 8233		Zip 02886	
7. Brief Description of the Character of Business Conducted in Rhode Island Dentistry			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Edward B. Kaiser, DDS		Vice President Name NONE	
Street Address 31 Forest View Drive		Street Address	
City Cumberland,	State RI	City	State
Zip 02864		Zip	
Secretary Name Edward B. Kaiser, DDS		Treasurer Name Edward B. Kaiser, DDS	
Street Address 31 Forest View Drive		Street Address 31 Forest View Drive	
City Cumberland,	State RI	City Cumberland,	State RI
Zip 02864		Zip 02864	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 4000 NO PAR VAL	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 100	Class/Series common	Par Value no par	

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

By: EC

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: 1/26/00

Edward B. Kaiser

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. **18620** 2. Name of Corporation **Oaklawn Family Dental, Inc.**

3. Street Address Principal Business Office
1 Lambert Lind Highway City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **463-7676** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Edward B. Kaiser, DDS Street Address 1 Lambert Lind Highway City Warwick State RI Zip 02886	Vice President Name None Street Address City Warwick State RI Zip 02886
Secretary Name Edward B. Kaiser, DDS Street Address 1 Lambert Lind Highway City Warwick State RI Zip 02886	Treasurer Name Edward B. Kaiser, DDS Street Address 1 Lambert Lind Highway City Warwick State RI Zip 02886

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

Director Name None Street Address City Warwick State RI Zip 02886	Director Name Street Address City Warwick State RI Zip 02886
Director Name Street Address City Warwick State RI Zip 02886	Director Name Street Address City Warwick State RI Zip 02886

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4000 NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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



File Date: 2/17/99
Check No.: 20301
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 2/10/99
Print or Type Name of Officer **EDWARD KAISER**
Title of Officer **PRESIDENT**



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. **18620** 2. Name of Corporation **Oaklawn Family Dental, Inc.**

3. Street Address Principal Business Office
1 Lambert Lind Highway

City **Warwick**

State **RI**

Zip **02886**

4. Business Phone No.
(401) 463-7676

5. State of Incorporation
RHODE ISLAND

6. SIC Code
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
Edward B. Kaiser, DDS
Street Address

Vice President Name
None
Street Address

1 Lambert Lind Highway
City State Zip
Warwick RI 02886

City State Zip

Secretary Name
Edward B. Kaiser, DDS
Street Address

Treasurer Name
Edward B. Kaiser, DDS
Street Address

1 Lambert Lind Highway
City State Zip
Warwick RI 02886

City State Zip
Warwick RI 02886

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

Director Name
None
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address

Director Name
Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4000 NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common No Par

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



File Date: 2/26/98

Check No.: 19433

By: 91059

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.

Edward Kaiser 2/20/98
Signature of Officer Date

EDWARD KAISER
Print or Type Name of Officer

OWNER
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 1997

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.**

3. Street Address Principal Business Office **1 Lambert Lind Highway** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **(401) 463-7676** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 Edward B. Kaiser, DDS	Vice President Name None
Street Address 1 Lambert Lind Highway	Street Address
City Warwick State RI Zip 02886	City State Zip
Secretary Name Edward B. Kaiser, DDS	Treasurer Name Edward B. Kaiser, DDS
Street Address 1 Lambert Lind Highway	Street Address 1 Lambert Lind Highway
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000 NO PAR VAL			100	com	no par

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: **2/12/97**

Check No.: **18503**

By: **u**

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.

Edward B. Kaiser **2/5/97**
Signature of Officer Date

EDWARD B KAISER
Print or Type Name of Officer

OWNER
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. 18620		2. NAME OF CORPORATION Oaklawn Family Dental, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1 Lambert Lind Highway		CITY Warwick	STATE RI
4. BUSINESS PHONE NO. (401) 463-7676		5. STATE OF INCORPORATION RHODE ISLAND	7. ZIP CODE 02886
6. SEC CODE 9233			

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Dentistry

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Edward B. Kaiser, DDS				VICE PRESIDENT NAME None			
STREET ADDRESS 1 Lambert Lind Highway				STREET ADDRESS			
CITY Warwick	STATE RI	ZIP CODE 02886		CITY	STATE	ZIP CODE	
SECRETARY NAME Edward B. Kaiser, DDS				TREASURER NAME Edward B. Kaiser, DDS			
STREET ADDRESS 1 Lambert Lind Highway				STREET ADDRESS 1 Lambert Lind Highway			
CITY Warwick	STATE RI	ZIP CODE 02886		CITY Warwick	STATE RI	ZIP CODE 02886	

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None				DIRECTOR NAME			
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
4000	NO PAR VAL		0	common	no par value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date: 1-31-96

Check No: 18583

By: *EW*

For Secretary of State Use Only

Signature of Officer

DR. EDWARD KAISER
Print or Type Name of Officer

PRESIDENT
Title of Officer

1/28/96
Date

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.

0016620

1995

Corporate ID: _____ Annual Report for the year: _____
Oaklawn Family Dental, Inc.

Name of Corporation: _____

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:

Dentistry

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

1395 Oaklawn Avenue
Cranston, RI

Phone: (401) 463-7676

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Edward B. Kaiser, DDS, 1395 Oaklawn Avenue, Cranston, RI 02920			
--	--	--	--

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Edward B. Kaiser, DDS			
-----------------------	--	--	--

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Edward B. Kaiser, DDS			
-----------------------	--	--	--

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

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 <u>4000</u> Class / Series <u>Common</u>	Number of Shares Class / Series
---	---------------------------------

<u>No Par Value</u>	
---------------------	--

Date 2/22, 19 95 By: 

PRINT OR TYPE NAME OF OFFICER SIGNING EDWARD KAISER

TITLE OF OFFICER SIGNING PRESIDENT

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.

ANDREW M. GILSTEIN
155 SOUTH MAIN STREET
PROVIDENCE RI 02903

FILED

FEB 27 1995

AKC 1/2/95

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: 0016620 Annual Report for the year: 1994

Name of Business Entity Oaklawn Family Dental, Inc.

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):

1395 Oaklawn Avenue

Cranston, RI

Phone (401) 463-7676

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:

Andrew M. Gilstein, Esq.
Armstrong, Gibbons

155 South Main Street
Providence, RI 02903

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

Date of Organization: 12/27/83

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

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) **THE NAMES OF THE OFFICERS ARE:** STREET ADDRESS CITY STATE ZIP CODE

Edward B. Kaiser, DDS, 1395 Oaklawn Avenue, Cranston, RI 02920

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) STREET ADDRESS CITY STATE ZIP CODE

Edward B. Kaiser, DDS

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY STATE ZIP CODE

Edward B. Kaiser, DDS

THE NAMES OF THE DIRECTORS ARE: NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 4000 NUMBER

CLASS Common CLASS

SERIES SERIES

PAR VALUE OR no par PAR VALUE OR
WITHOUT PAR WITHOUT PAR

Date 3/7 19 94 By Edward B. Kaiser

EDWARD B KAISER
PRINT OR TYPE NAME OF OFFICER SIGNING

[Signature]
TITLE OF OFFICER SIGNING

Form 31 - 1994

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.

FILED

ANDREW M. GILSTEIN
155 SOUTH MAIN STREET
PROVIDENCE RI 02903

MAR 14 1994

By ME59 110782

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

Corporate ID 0018620 Annual Report for the year 1993

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporation may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

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

FIFTH: Business address in Rhode Island 1395 Oaklawn Avenue, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
------	--------	--

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 Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
00			

Dated 3/8/93 19 93

(Report must be signed by an officer)

Oaklawn Family Dental, Inc.

(Name of Corporation)

By

Title

Edward B. Kaiser
President, Secretary, Treasurer

REC'D & FILED
MAR 31 1993
AMT#29
15675

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

Corporate ID 0015520 Annual Report for the year 1992

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

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

FIFTH: Business address in Rhode Island 1395 Oaklawn Avenue, Cranston, RI 02920

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

Name

Office

Address (including number, street, zip code)

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 Shares authorized:

No. of Shares

Class

Series

4000

Common

Par Value
or statement that
shares are without
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated 3/23 19 92

Oaklawn Family Dental, Inc.

(Name of Corporation)

By

Title

(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 0018620

Annual Report for the year 1991

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporation may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

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

FIFTH: Business address in Rhode Island 1395 Oaklawn Avenue, Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

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 Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

4000

Common

No Par

Rec'd & Filed APR 14 1992

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated 4/13 1992

Oaklawn Family Dental, Inc.

(Name of Corporation)

By

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0018620 Annual Report for the year 1990

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

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

FIFTH: Business address in Rhode Island 1395 Oaklawn Avenue, Cranston, RI 02920

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

Name

Office

Address (including number, street, zip code)

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 Shares authorized:

No. of Shares
4000Class
Common

Series

Par Value
or statement that
shares are without
par value
No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

PAID

FEB 20 1990

SECY. OF STATE

Dated 2/14 19 90

Oaklawn Family Dental, Inc.
(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903*SB*Corporate ID 0018520 Annual Report for the year 1989FIRST: The name of the corporation is Oaklawn Family Dental, Inc.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is to provided dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.FOURTH: If foreign corporation, address of its principal office N/AFIFTH: Business address in Rhode Island 1395 Oaklawn Avenue, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
	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 Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4000	Common		No Par

EIGHTH: Number of Shares issued:

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

PAID
MAR 24 1989
SECY OF STATEDated 3/4 19 89Oaklawn Family Dental, Inc.
(Name of Corporation)By Edward B. KaiserTitle 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 18620 Annual Report for the year 1988

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

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

FIFTH: Business address in Rhode Island 1395 Oaklawn Avenue, Cranston, RI 02920

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

Name Office Address (including number, street, zip code)

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 Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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Dated 3/21/89 19 89

Oaklawn Family Dental, Inc.
(Name of Corporation)

By Edward B. Kaiser

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 18620 Annual Report for the year 1987

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

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

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1500 Fleet Center, Providence, Rhode Island 02903

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

Name

Office

Address (including number, street, zip code)

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 authorized:

No. of Shares 4,000

Class Common

Series

Par Value
or statement that
shares are without
par value

without par value

EIGHTH: Number of Shares issued:

No. of Shares None

Class

Series

Par Value
or statement that
shares are without
par value

Dated September 11 19

Oaklawn Family Dental, Inc.
(Name of Corporation)

By Edward B. Kaiser

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 18620 Annual Report for the year 1986

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

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

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1500 Fleet Center, Providence, Rhode Island 02903

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

Name	Office	Address (including number, street, zip code)
	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 authorized:

No. of Shares 4,000 Class Common Series

Par Value
or statement that
shares are without
par value

without par value

EIGHTH: Number of Shares issued:

No. of Shares None Class Series

Par Value
or statement that
shares are without
par value

Dated February, 19 86

Oaklawn Family Dental, Inc.

(Name of Corporation)

By

Title

(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 18620

Annual Report for the year 1985

FIRST: The name of the corporation is Oaklawn Family Dental, Inc.

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

THIRD: Character of business, briefly stated, is to provide dental services to the public and to engage in any and all other businesses for which corporations may be incorporated under the Rhode Island Business Corporation Act, as amended from time to time.

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

FIFTH: Business address in Rhode Island 1500 Fleet Center, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

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 authorized:

No. of Shares 4,000

Class Common

Series

Par Value
or statement that
shares are without
par value

without par value

EIGHTH: Number of Shares issued:

No. of Shares

None

Class

Series

Par Value
or statement that
shares are without
par value

Dated February , 19 86

Oaklawn Family Dental, Inc.

(Name of Corporation)

By

Title

(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
OFFICE OF THE SECRETARY OF STATE

CORPORATE ID#: 18620

Annual Report for the year 1984

FIRST: The name of the corporation is OAKLAWN FAMILY DENTAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is dental services to the public and any or all other lawful purposes

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 2200 Fleet National Bank Building, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
<i>Edward B. Kaiser</i>	Director	1395 Oaklawn Ave Cranston, RI 02917
	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

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized: 4,000

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common		No Par Value

EIGHTH: Number of Shares issued: 0

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

Dated: January 1985

OAKLAWN FAMILY DENTAL, INC.
(Name of Corporation)

By *Edward B. Kaiser*

Title President

(Report must be signed by an officer)

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