



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|------------------------------|--|-------------------------|------------------------|---------------------------|
| 1. Corporate ID No. 5221 | | 2. Name of Corporation Angell Street Dental Association, Inc. | | | |
| 3. Street Address Principal Business Office 425 Angell Street | | City Providence | State RI | Zip 02906 | |
| 4. Business Phone No. 401-272-2331 | | 5. State of Incorporation Rhode Island | | | 6. SIC Code 9233 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Engage in the practice of dentistry. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Charles M. Riotto, DMD | | Vice President Name None | | | |
| Street Address 40 Water Way | | Street Address | | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Secretary Name | | Treasurer Name | | | |
| Street Address | | Street Address | | | |
| 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 Charles M. Riotto | | Director Name | | | |
| Street Address 40 Water Way | | Street Address | | | |
| City Barrington | State RI | Zip 02806 | 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 4,000 | Class/Series No Par Value | Par Value | Number of Shares 100 | Class/Series Common | Par Value No Par Value |

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



5 2 2 1

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 Charles M. Riotto, DMD Date 9/16/05
Charles M. Riotto, DMD
Print or Type Name of Officer
President
Title of Officer

File Date 10/4/05
Check No. 9388
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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 IN BLACK)

| | | | | | |
|--|--------------|---|------------------|---------------------|--|
| 1. Corporate ID No. 5221 | | 2. Name of Corporation ANGELL STREET DENTAL ASSOCIATES, INC. | | | |
| 3. Street Address Principal Business Office 425 ANGELL STREET | | City PROVIDENCE | State RI | Zip 02906 | |
| 4. Business Phone No. 4012722331 | | 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 Charles M. Riotto, DMD | | Vice President Name John R. Paquette, DMD | | | |
| Street Address 17 Wildflower Road | | Street Address 42 Country Lane | | | |
| City Barrington | State RI | Zip 02806 | City Warwick | State RI | Zip 02886 |
| Secretary Name Charles M. Riotto, DMD | | Treasurer Name John R. Paquette, DMD | | | |
| Street Address | | Street Address | | | |
| 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 Charles M. Riotto, DMD | | Director Name John R. Paquette, DMD | | | |
| Street Address same | | Street Address same | | | |
| 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 COMM NO PAR VALUE | | | 150 | common | no par value |
| | | | | | |

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



5 2 2 1

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: Charles M. Riotto, DMD Date: 1/26/04
Print or Type Name of Officer: Charles M. Riotto, DMD
Title of Officer: Pres.

5221 DBC 01/22/04 02:59:02 PM

File Date: 2/19/04

Check No.: 7892

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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 2003

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

(FORM MUST BE TYPED IN BLACK)

| | | | | |
|--|--------------|--|--------------------------|---------------------|
| 1. Corporate ID No. *5221* | | 2. Name of Corporation ANGELL STREET DENTAL ASSOCIATES, INC. | | |
| 3. Street Address Principal Business Office 425 ANGELL STREET | | City PROVIDENCE | State RI | Zip 02906 |
| 4. Business Phone No 4012722331 | | 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 Chaires M. Riotto, DMD | | Vice President Name John R. Paquette, DMD | | |
| Street Address 17 Wildflower Road | | Street Address 213 Bay View Avenue 42 Country Lane | | |
| City Barrington | State RI | Zip 02806 | City Cranston Warwick | State RI |
| Secretary Name Charles M. Riotto, DMD | | Treasurer Name John R. Paquette, DMD | | |
| Street Address same | | Street Address same | | |
| City | State | Zip | City | State |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Charles M. Riotto, DMD | | Director Name John R. Paquette, DMD | | |
| Street Address same | | Street Address same | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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 |
| 4,000 COMM NO PAR VALUE | | | 150 | common. |
| | | | | no par value |

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



* 5 2 2 1 *

**5221* 1/27/03 3:40:56 PM*

File Date 3-6-03

Check No 0914

By UP

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 Charles M. Riotto Date 2/3/03

Print or Type Name of Officer Charles M. Riotto

Title of Officer Pres.



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 02903-1331
401-222-3041

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. **5221** 2. Name of Corporation **ANGELL STREET DENTAL ASSOCIATES, INC.**
3. Street Address Principal Business Office **425 Angell Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401-272-2331** 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 Charles M. Riotto, DMD | Vice President Name John R. Paquette, DMD |
| Street Address 17 Wildflower Road | Street Address 218 Bay View Avenue |
| City Barrington State RI Zip 02806 | City Cranston State RI Zip 02905 |
| Secretary Name Charles M. Riotto, DMD | Treasurer Name John R. Paquette, DMD |
| Street Address as above | Street Address 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 Charles M. Riotto, DMD | Director Name John R. Paquette, DMD |
| Street Address as above | Street Address as above |
| 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 COMM NO PAR VALUE | | |

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

ISSUED SHARES

| | | |
|------------------|---------------|---------------------|
| Number of Shares | Class/Series | Par Value |
| 150 | common | no par value |

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



* 5 2 2 1 *

File Date: 2-5-02

Check No.: 5634

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.

Charles M. Riotto, DMD 1/14/02
Signature of Officer Date

Charles M. Riotto, DMD
Print or Type Name of Officer

Pres.
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-13.
401-222-3000

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.
5221

2. Name of Corporation
ANGELL STREET DENTAL ASSOCIATES, INC.

3. Street Address Principal Business Office

425 ANGELL STREET

City

PROVIDENCE

State

RI

Zip

02906

4. Business Phone No.

401-272-2331

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

CHARLES M. RIOTTO, DMD

Street Address

17 WILDFLOWER ROAD

City

BARRINGTON

State

RI

Zip

02806

Vice President Name

JOHN R. PAQUETTE, DMD

Street Address

218 BAY VIEW AVENUE

City

CRANSTON

State

RI

Zip

02905

Secretary Name

CHARLES M. RIOTTO, DMD

Street Address

as above

City

State

Zip

Treasurer Name

JOHN R. PAQUETTE, DMD

Street Address

as above

City

State

Zip

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

Director Name

CHARLES M. RIOTTO, DMD

Street Address

as above

City

State

Zip

Director Name

JOHN R. PAQUETTE, DMD

Street Address

as above

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

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

150

COMMON

**NO PAR
VALUE**

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



* 5 2 2 1 *

FILED

File Date: _____

JAN 22 2001

Check No.: _____

By **Cc 4469**

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.

Charles M. Riotta DMD 1/11/01

Signature of Officer

Date

CHARLES M. RIOTTO, DMD.

Print or Type Name of Officer

PRESIDENT

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **5221** 2. Name of Corporation **ANGELL STREET DENTAL ASSOCIATES, INC.**
3. Street Address Principal Business Office **425 Angell Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401-272-2331** 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 Charles M. Riotto, DMD | Vice President Name John R. Paquette, DMD |
| Street Address 17 Wildflower Road | Street Address 218 Bay View Avenue |
| City Barrington State RI Zip 02806 | City Cranston State RI Zip 02905 |
| Secretary Name Charles M. Riotto, DMD | Treasurer Name John R. Paquette, DMD |
| Street Address As above | Street Address As above |
| City Barrington State RI Zip 02806 | City Cranston State RI Zip 02905 |

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

| | |
|--|--|
| Director Name Charles M. Riotto, DMD | Director Name John R. Paquette, DMD |
| Street Address As above | Street Address As above |
| City Barrington State RI Zip 02806 | City Cranston State RI Zip 02905 |
| Director Name Charles M. Riotto, DMD | Director Name John R. Paquette, DMD |
| Street Address As above | Street Address As above |
| City Barrington State RI Zip 02806 | City Cranston State RI Zip 02905 |

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

| AUTHORIZED SHARES | | |
|-------------------|-------------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 4,000 | NO PAR COM | |

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

| ISSUED SHARES | | |
|------------------|---------------|---------------------|
| Number of Shares | Class/Series | Par Value |
| 150 | Common | No par value |

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



* 5 2 2 1 *

File Date: **PAID 11/10/2000**
Check No.: **JAN 12 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.

Charles M. Riotto, DMD 11/4/00
Signature of Officer Date
Charles M. Riotto, DMD
Print or Type Name of Officer
President
Title of Officer

ANNUAL MEETING OF
THE STOCKHOLDERS OF ANGELL STREET DENTAL ASSOCIATES, INC.

The Annual Meeting of the Stockholders of Angell Street Dental Associates, Inc. was held on the 5th day of January, 2000 at the office of Angell Street Dental Associates, Inc., 425 Angell Street, Providence, Rhode Island, upon waiver of notice in accordance with the By-Laws. Charles M. Riotto, DMD, President of the Corporation and owner of all the outstanding shares of the corporation, was present and acted throughout.

The first order of business was the election of the Board of Directors of the corporation for the ensuing year.

Upon motion duly made and seconded, it was:

VOTED: That the following persons be elected as Directors of the Corporation:

Charles M. Riotto, DMD, Chairman
John R. Paquette, DMD


Upon motion duly made and seconded, the following vote was unanimously passed:

VOTED: That all purchases, sales, contracts, negotiations, acts, disbursements, applications, proceedings, agreements of every kind and performed or executed by the Board of Directors and the President, on behalf of the corporation, since the last meeting of the stockholders be and the same are hereby ratified, approved and confirmed.

There being no further business to come before the meeting, it was

VOTED: To adjourn.

ATTEST:


Charles M. Riotto, DMD, President

RECORDED
INDEXED
JAN 12 1 45 PM '00



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 02903-1
401-222-3111



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.

5221

2. Name of Corporation

ANGELL STREET DENTAL ASSOCIATES, INC.

3. Street Address Principal Business Office

425 Angell Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-272-2331

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

Charles M. Riotto, DMD

Vice President Name

John R. Paquette, DMD

Street Address

17 Wildflower Road

Street Address

218 Bay View Avenue

City

Barrington

State

RT

Zip

02806

City

Cranston

State

RI

Zip

02905

Secretary Name

Charles M. Riotto, DMD

Treasurer Name

John R. Paquette, DMD

Street Address

As above

Street Address

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

Charles M. Riotto, DMD

Director Name

John R. Paquette, DMD

Street Address

As above

Street Address

As above

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 COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

150

Common

No par value

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



* 5 2 2 1 *

File Date:

11/21/99

Check No.:

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

Charles M. Riotto, DMD

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 02903-13
401-277-3000



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. 5221 2. Name of Corporation ANGELL STREET DENTAL ASSOCIATES, INC.
3. Street Address Principal Business Office 425 Angell Street Providence RI 02906
4. Business Phone No. 401-272-2331 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 | Vice President Name |
|------------------------|-----------------------|
| Charles M. Riotto, DMD | John R. Paquette, DMD |
| Street Address | Street Address |
| 17 Wildflower Road | 218 Bay View Avenue |
| City State Zip | City State Zip |
| Barrington RI 02806 | Cranston RI 02905 |
| Secretary Name | Treasurer Name |
| Charles M. Riotto, DMD | John R. Paquette, DMD |
| Street Address | Street Address |
| As above | As above |
| City State Zip | City State Zip |

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

| Director Name | Director Name |
|------------------------|-----------------------|
| Charles M. Riotto, DMD | John R. Paquette, DMD |
| Street Address | Street Address |
| As above | As above |
| 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 SHS | No Par Value |

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

| ISSUED SHARES | |
|------------------|------------------------|
| Number of Shares | Class/Series Par Value |
| 150 | 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: 3/9

Check No.: 2627

By: KAP

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.

Charles M. Riotto, DMD Pres.
Signature of Officer Date 3/6/98

Charles M. Riotto

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 02903-13
401-277-30



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. 5221 2. Name of Corporation PRYER LEVITT, DMD, CHARLES RUTTO, DMD, & JOHN PAQUETTE D
3. Street Address Principal Business Office 425 ANSELL STREET PROVIDENCE RI 02906
4. Business Phone No. (401) 272-2331 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 CHARLES MICHAEL RUTTO DMD Street Address 17 WILDFLOWER ROAD City BARRINGTON RI 02806 Secretary Name CHARLES MICHAEL RUTTO DMD Street Address SAME City BARRINGTON RI 02806 | Vice President Name JOHN R PAQUETTE DMD Street Address 218 BAY VIEW AVENUE City CRANSTON RI 02905 Treasurer Name JOHN R. PAQUETTE DMD Street Address SAME City CRANSTON RI 02905 |
|--|---|

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

| | |
|---|--|
| Director Name CHARLES MICHAEL RUTTO DMD Street Address 17 WILDFLOWER ROAD City BARRINGTON RI 02806 Director Name JOHN R PAQUETTE DMD Street Address 218 BAY VIEW AVENUE City CRANSTON RI 02905 | Director Name JOHN R PAQUETTE DMD Street Address 218 BAY VIEW AVENUE City CRANSTON RI 02905 |
|---|--|

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 |
| 4,000 | NO PAR Com | | 0 | | |

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

File Date: 8/18/97

Check No.: 1656

By: CID

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: Charles M. Rutto Pres. Date: 8/18/97

Print or Type Name of Officer: CHARLES M. RUTTO DMD

Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3030

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

PLEASE TYPE OR PRINT IN BLACK INK.

| | | | | | |
|--|----------------|--|--|----------------|---------------------|
| 1. CORPORATE ID NO. 5221 | | 2. NAME OF CORPORATION MAYER A. LEVITT, D.M.D., CHARLES M. RIOTTO, D.M.D. | | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 425 ANGEN ST | | CITY PROV | | STATE RI | ZIP CODE 02906 |
| 4. BUSINESS PHONE NO. 401-272-2331 | | 5. STATE OF INCORPORATION RHODE ISLAND | | | 6. SIC CODE 9233 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND DENTAL PRACTICE | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | | | |
| PRESIDENT NAME MAYER A. LEVITT | | | VICE PRESIDENT NAME CHARLES M. RIOTTO | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| SECRETARY NAME JOHN R. PAQUETTE | | | TREASURER NAME CHARLES M. RIOTTO | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | | | |
| DIRECTOR NAME NONE | | | 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 |
| 4,000 | NO PAR COM | | 550 | NO PAR COM | 0 |
| | | | | | |
| | | | | | |

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:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

MAYER A. LEVITT

Print or Type Name of Officer

PRESIDENT

Title of Officer

3/7/96

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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
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: 5221

Annual Report for the year: 1995

Name of Corporation: MAYER A LEVITT, D.M.D., CHARLES M. RIOTTO D.M.D. AND JOHN PAQUETTE, D.M.D., INC.

Business entity organized under the laws of the State of: RHODE ISLAND
For foreign entity, address and telephone number of principal office:
N/A

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

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

Phone:
Address and telephone of the principal office of business entity in
Rhode Island (Provide street address - Not P.O. Box):
425 Angell Street
Providence, RI 02906

A professional corporation engaged in the
practice of general dentistry

Phone (401) 272-2331

THE NAMES OF THE OFFICERS ARE:

| OFFICER | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---|-------------------|----------------|----------|
| PRESIDENT Mayer A. Levitt, D.M.D. | 425 Angell Street | Providence, RI | 02906 |
| VICE PRESIDENT John Paquette, D.M.D. | 425 Angell Street | Providence, RI | 02906 |
| SECRETARY Mayer A. Levitt, D.M.D. | Same as above | | |
| TREASURER Charles M. Riotto, D.M.D. | 425 Angell Street | Providence, RI | 02906 |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| N/A | | | |
| 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 |
|------------------|---------------------|------------------|---------------------|
| 4,000 | Common/No Par Value | 100 | Common/No Par Value |

Date March 25, 1995

By: Mayer A. Levitt
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING

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.

Adler Pollock & Sheehan, Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

FILED
MAR 31 1995
BY [Signature]

Filing Fee \$50.00
Payable to:
Secretary of State

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: 5221

Annual Report for the year: 1994

Name of Business Entity: MAYER A. LEVITT, D.M.D., CHARLES M. RIOTTO D.M.D. AND JOHN PAQUETTE, D.M.D., 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:

N/A

phone:

401-272-2331

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

425 Angell Street, Providence, RI 02906

phone:

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:

Mayer A. Levitt, D.M.D., President

425 Angell Street, Providence, RI 02906

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

A professional corporation engaged in the practice of general dentistry

Date of Organization: 7/27/84

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

N/A

THE NAMES OF THE OFFICERS ARE:

| OFFICE | NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--|---------------------------|-----------------------------------|------------|----------|
| <input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one) | Mayer A. Levitt, D.M.D. | 425 Angell Street, Providence, RI | 02906 | |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (check one) | John Paquette, D.M.D. | 425 Angell Street, Providence, RI | 02906 | |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (check one) | Mayer A. Levitt, D.M.D. | same as above | | |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one) | Charles M. Riotto, D.M.D. | 425 Angell Street, Providence, RI | 02906 | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| N/A | | | |
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |

NUMBER OF SHARES AUTHORIZED (If Applicable)

| NUMBER | CLASS | SERIES | PAR VALUE OR WITHOUT PAR |
|--------|--------|--------|--------------------------|
| 600 | Common | n/a | No Par Value |

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

| NUMBER | CLASS | SERIES | PAR VALUE OR WITHOUT PAR |
|--------|--------|--------|--------------------------|
| 100 | Common | n/a | No Par Value |

DATE:

March 5, 1994

BY:

Mayer A. Levitt
MAYER A. LEVITT

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

President

FILED

MAR 10 1994

By MF591624

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

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 5221 Annual Report for the year 1993

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D.

CHARLES M. RIOTTO D.M.D., INC. and JOHN PAQUETTE DMD Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, RI

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

| Name | Office | Address (including number, street, zip code) |
|-----------------------|----------------|--|
| | Director | |
| N/A | Director | |
| | Director | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| John Paquette DMD | Vice President | " " |
| Mayer A. Levitt, DMD | Secretary | same as above |
| Charles M. RiOTTO DMD | Treasurer | 425 Angell St., Providence, RI |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

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

Dated 2/12 1993

(Report must be signed by an officer)

MAYER A. LEVITT D.M.D.
CHARLES A. RIOTTO D.M.D. AND JOHN PAQUETTE D.M.D., INC
(Name of Corporation)

By [Signature]
Title President

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

59

Corporate ID 5221 Annual Report for the year 1992

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| | Vice President | |
| Mayer A. Levitt, DMD | Secretary | Same |
| Charles M. Riotto DMD | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

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

Dated Jan 12 1992

(Report must be signed by an officer)

MAYER A. LEVITT D.M.D. AND
CHARLES M. RIOTTO D.M.D., INC.
(Name of Corporation)

By [Signature]
Title President

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

f

Corporate ID 5221 Annual Report for the year 1991

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| | Vice President | |
| Mayer A. Levitt, DMD | Secretary | Same |
| Charles M. Riotto DMD | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

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

Dated FEB 14 1991

Rec'd & Filed FEB 18 1991

(Report must be signed by an officer)

MAYER A. LEVITT D.M.D. AND
CHARLES A. RIOTTO D.M.D., INC.
(Name of Corporation)

By

Title

[Signature]
President

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

CZ

Corporate ID 5221 Annual Report for the year 1990

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| | Vice President | |
| Mayer A. Levitt, DMD | Secretary | Same |
| Charles M. Riotto DMD | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

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

PAID
FEB 0 1990
Series
SECY. OF STATE

Dated Jan 25 19 90

MAYER A. LEVITT D.M.D. AND
CHARLES A. RIOTTO D.M.D., INC.
(Name of Corporation)

(Report must be signed by an officer)

By [Signature]
Title President

ing 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

Self

Corporate ID 5221 Annual Report for the year 1989

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| Mayer A. Levitt, DMD | Vice President | |
| Charles M. Riotto DMD | Secretary | Same |
| | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|----------------|---|
| 600 | Common | PAID -- | No Par Value |

EIGHTH: Number of Shares issued: MAR 9 1989

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

SEC'Y OF STATE

Dated March 1989

MAYER A. LEVITT D.M.D. AND
CHARLES A. RIOTTO D.M.D., INC.
(Name of Corporation)

(Report must be signed by an officer)

By *Mayer Levitt*
Title President

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 5221 Annual Report for the year 1988

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D., INC. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| | Vice President | |
| Mayer A. Levitt, DMD | Secretary | Same |
| Charles M. RiOTTO DMD | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|---------|---|
| 600 | Common | -- PAID | No Par Value |

EIGHTH: Number of Shares issued:

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

Dated Feb 14 1988

MAYER A. LEVITT D.M.D. INC. AND
CHARLES A. RIOTTO D.M.D., INC.
(Name of Corporation)

FEB 26 1988

(Report must be signed by an officer)

By Mayer A. Levitt DMD
Title President

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 5221 Annual Report for the year 1987

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D., INC. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| | Vice President | |
| Mayer A. Levitt, DMD | Secretary | Same |
| Charles M. Riotta DMD | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

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

PAID

MAR 03 1987

SECY OF STATE

Dated Feb 20 1987

MAYER A. LEVITT D.M.D. INC. AND
CHARLES A. RIOTTO D.M.D., INC.
(Name of Corporation)

(Report must be signed by an officer)

By Mayer A. Levitt
Title President

MAY 27 1987

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 5221 Annual Report for the year 1986

FIRST: The name of the corporation is MAYER A. LEVITT D.M.D., INC. AND
CHARLES M. RIOTTO D.M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professional corporation engaged
in the practice of general dentistry

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

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, 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 | |
| Mayer A. Levitt, DMD | President | 425 Angell St., Providence, RI |
| Mayer A. Levitt, DMD | Vice President | |
| Charles M. Riotta DMD | Secretary | Same |
| | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

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

Dated June 19 86 MAYER A. LEVITT D.M.D. INC. AND
CHARLES A. RIOTTO D.M.D., INC.
(Name of Corporation)

(Report must be signed by president)

By Mayer A. Levitt DMD
Title President

Filing Fee \$15.00

7/27/85

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 5221

Annual Report for the year 1985

FIRST: The name of the corporation is ~~MAL INC.~~

MAYER A. LEVITT, DMD. AND CHARLES M. RIOTTO DMD INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rental services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 425 Angell Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Mayer Levitt

President

425 Angell Street, Prov., RI 02906

Vice President

Mayer Levitt

Secretary

"

"

"

Mayer Levitt

Treasurer

"

"

"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value
None

4,000

Common

-

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value
None

100

Common

-

Dated

July 27, 1985

MAL INC.

(Name of Corporation)

By

Charles M. Riotta

Title

President

(Report must be signed by an officer)

04/27/85 PAID 0229A001

AMRE 1.00
CHECK 1.00

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

20526 ✓

Annual Report for the year 1985

FIRST: The name of the corporation is **MAYER A. LEVITT D.M.D., INC.**

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

THIRD: Character of business, briefly stated, is **practice of dentistry**

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

Business Address - 425 Angell St., Providence, RI
Blank Reports to - Adler Pollock & Sheehan, 2300 Hospital Trust Tower,
Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name | Office | Address |
|-------------------------|----------------|--------------------------------|
| | Director | |
| | Director | |
| | Director | |
| Mayer A. Levitt, D.M.D. | President | 425 Angell St., Providence, RI |
| | Vice President | |
| Mayer A. Levitt, D.M.D. | Secretary | Same |
| Mayer A. Levitt | Treasurer | Same |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | | No Par Value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 50 | Common | | No Par Value |

Dated:

March 19 1985

MAYER A. LEVITT D.M.D., INC.

(Name of Corporation)

By

Title

(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