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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 -	March 1 • Fili	ng Fee: \$50.00			-
(FORM MUST BE TYPED IN B		·	·	 	
1. Corporate ID No.	· · · · · · · · · · · · · · · · · · ·				1
5221	. <u></u> _	Dental Association,			
3. Street Address Principal Busin	ess Office		City	State	Zip
425 Angell Street		· · · · · · · · · · · · · · · · · · ·	Providence	RI	02906
4. Business Phone No.		5. State of Incorporat	uon		6. SIC Code 9233
401-272-2331		Rhode Island			9233
7. Brief Description of the Chara Engage in the pract:				r	
				Long introductions	THE CHARLES
18. NAMES AND ADDRESS President Name	SEZ ÖLLIF OLLIC	FRS CX. ROX LOKY	ATTACHMENT) FILL IN SP	ACES BEFORE USING AL	TYCHWEN 12
Charles M. Riotto,	DMD		None		;
Street Address			Street Address		
40 Water Way			•		
City	State	Zip	City	State	Zip
Barrington	RI	02806	· · · · · · · · · · · · · · · · · · ·	i	
Secretary Name	• • • • • • • •	• • • • • • • • • • •	Treasurer Name	, , ,	
					
Street Address		•	Sireei Address		
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Charles M. Riotto			·		
Street Address			Sireei Address		
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City	State	Zip	*City	Siale	A COLUMN
Barrington	RI	02806	•]	0 0
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This report must be signe	d in ink by either	the President, Vice	President, Secretary, Assi.	stant Secretary, Treasi	irer, Receiver or Trustee
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Chart No date	آگ ک		Signature of Officer	/	Date /
Check No. 73 X	<u> </u>			Riotto, DMD	
$ B_{Y} $ (2)			Frint or Type Name of	Officer	_
FOR SECRETARY OF STATE	LISE ONLY	j	President		
TOR SIZERTARY OF STATE	OUL ONLI		Tule of Officer		Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. ANGELL STREET DENTAL ASSOCIATES, INC. 5221 3. Street Address Principal Business Office State Zip 425 ANGELL STREET **PROVIDENCE** RΙ 02906 6. SIC Code 5. State of Incorporation 4. Business Phone No. 9233 RHODE ISLAND 4012722331 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 , Vice President Name President Name Charles M. Riotto, DMD John R. Paquette, DMD Sirees Address Sireei Address . 42 Country Lane 17 Wildflower Road City State Zip State Zip Cirv 02886 RI RΙ 02806 Warwick Barrington Treasurer Name Secretary Name John R. Paquette, DMD Charles M. Riotto, DMD Street Address Sircei Address City State Zip State Zip City 9 NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name John R. Paquette, DMD Charles M. Riotto, DMD Street Address Street Address same same Zip State ·City Zip State City Director Name Director Name ·Street Address Street Address .City State State Zip City Zip 10. SHARES AUTHORIZED (TX BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED_SHARES Number of Shares Par Value Par Value Class/Series Number of Shares Class/Series no par value 150 common 4,000 COMM 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. *5221 DBC 01/22/04_0**2**:59:02/PM File Date Check No. Type Name of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 461,222 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)						
I Corporate ID No. *5221*	2. Name of Co		ASSOCIATES, INC.				
3 Street Address Principal i			City	State	Zıp		
425 ANGELL STRE	==		PROVIDENCE	RI	02906		
4 Business Phone No		5 State of Incorp			6 SIC Code		
4012722331		RHODE IS			9233		
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President Name	t a DMD		.Vice President Name .John R. Paquett	ים אר			
Chaires M. Rict	CO, DMD		Street Address	.e, 500			
Street Address 17 Wildflower R	load		218 Bay View At	رور الم	ntry Line		
Cutv	State	Zip	City	State	Zıp		
Barrington	RI	02806	Cranston Warwi	ch _{RI}	02905 0288		
Secretary Name			Treasurer Name				
Charles M. Riot	to, DMD		.John R. Paquett	.c, DMD			
Street Address			Street Address				
same			.same				
City	State	Zip	Cuy	State	Zıp		
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Director Name	CESSES OF THE E	TRICE ORS (A DOX	Director Name				
Charles M. Riot	to. DMD			John R. Paquette, DMD			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·			
			*same				
same Cuy	State	Zıp	*Cuy	State	Zip		
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Director Name			• Director Name •				
Street Address			Street Address				
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FOR SECRETARY OF STA	MIL GOD UNLI	I	Title of Officer		Form 630.12/		

Edward S. Inman, III, Secretary of Stat. Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-3040

> 02906 6. SIC Code 9233

> > 02905

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No.

Street Address

2. Name of Corporation

5221 ANGI	ELL STREET DENTAL ASSOCIATES, INC.	
3. Street Address Principal Business Office	City	State
425 Angell Street	Providence	RI
4. Business Phone No.	5. State of Incorporation	
401-272-2331	RHODE ISLAND	
7. Brief Description of the Character of Business Con	nducted in Rhode Island	
Congral dentistry		

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

President Name Vice President Name John R. PAquette, DMD Charles M. Riotto, DMD Street Address Street Address

218 Bay View Avenue 17 Wildflower Poad

02806 RI Barrington RI Cranston Secretary Name Treasurer Name John R. Paquette, DMD Charles M. Riotto, DMD

Street Address Street Address as above as above

City 250 City 7.10 State State

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

Director Name Director Name John R. Paquette, DMD Charles M. Riotto, DMD

Street Address Street Address as above as above

Zip

Director Name Director Name

Clty Zip City State Zip State

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 cammon no par value

Street Address

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

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

Title of Officer <->> 3



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

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.

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-13. 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

iling Period: January 1-March 1	•	Filing	Fec:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

3221	ANGELL SIREET	DEMINE WARDCINIER' INC.	
3. Street Address Principal Business Of	fice	City	State
425 ANGELL	- STREET	PROVIDENCE	RI

4. Business Phone No. 401-272-2331 5. State of Incorporation RHODE ISLAND

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

M. RIOTTO CHARLES

17 WILDFLOWER ROAD

CHARLES M. RIOTTO. Street Addréss

as above

Zip

JOHN A. PAQUETTE, DWD Street Address

BAY VIEW AVENUE

Treasurer Name

R. PA QUETTE DMD MHOU! Street Address

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

Director Name CHARLES M. RIOTTO, DMD

Zip

R. PAQUETTE, DWD MHOL Street Address

as above

City

City

State

Zip

Director Name

City

4,000 COMM NO PAR VALUE

State

Zip

Street Address

State

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

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Number of Shutes

Director Name

Street Address

Class/Series

Par Value

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

Class/Series

Par Vulue

Number of Shares

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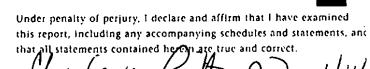
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste



Check No.:

FOR SECRETARY OF STATE USE ONLY



CHARLES M. RIOTTO, DMD

Title of Officer

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-30

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

State

210

4. Business Phone No.

5. State of incorporation

RI

02906 6. SIC Code

9233

401-272-2331

RHODE ISLAND

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

Charles M. Riotto, DMD

John R. Paquette, DMD

218 Bay View Avenue

John R. Paquette, DMD

Wildflower Road

Providence

City Barrington RI

Cranston

02905

Secretary Name

Charles M. Riotto, DMD

Treasurer Name

John R. Paquette, DMD

Street Address

As above

Street Address As above

City

City

City

Zij

State

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

Director Name

Street Address

Charles M. Riotto, DMD

As above

State

State

Zip

Street Address

Director Name

As above

City

State

Director Name

Street Address

City

State

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR COM

150

Common

No par

value

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



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, anthat all stagements contained berein me true and correct.

Signature of Officer

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

James R. Langevin, Secretary of S. Corporations Divis 100 North Main Street, Providence, RI 02903-1.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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3. Street Address Principal Bus	siness Office		City	State	ZIp
425 Angell 4. Business Phone No. 1 401-272-2		5. State of Incorporation RHODE ISLAND	Providence	RI	02906 6. SIC Code 9233
7. Brief Description of the Cha General, den	racter of Business Conducted in	Rhode Island			
President Name	RESSES OF THE OFFICE RIOTTO, DMD	CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name John R. Paque	tte, DMD	CHMENTS
Street Address 17 Wildel	ower Road		Street Address 218 Bav View	Avenue	
cw Barrington	State RT	zip 02806	. Cranston	State RJ	^{Zip} 02905
Secretary Name Charles M.	Riotto, DMD	•	Treasurer Name John R. Pagu	ette, DMD	
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name	RESSES OF THE DIREC	CTORS (*x* box for attac	CHMENT) FILL IN SPACE Director Name Tohn R. Pagu Street Address As above	es before using att lette, DMD	ACHMENTŠ
City	State	Zip	City	State	Zip
Director Name			' Director Name		•
Street Address			Street Address		
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By:FOR SECRETAL	Y OF STATE USE ONLY	•				

Under penalty of perjury, I o		
this report, including any ac		
that allistatements contained	d heroin are true and corre	ct.
Chinesa	X.ttz. On	1/21/
Stenature of Officer	Dele	

Charles M. Piótto, DMD

Print or Type Name of Officer President

Title of Officer

James R. Langevin, Secretary of Sta Corporations Divisi-

100 North Main Street, Providence, RI 02903-13. 401-277-30-

PROFIT CORP	·		ORT FOR TH	E YEAR _1998	STOP
FORM MUST BE TYPED IN BLA					
1. Corporate ID No.	2. Name of Corporat	ion			
5221 3. Street Address Principal Business		REET DENTAL ASSO	CIATES, INC.	State	Zip
425 Angell Stree	et	5. State of Incorporation	Providence	RI	02906 6. SIC Code
401-272-2331 7. Brief Description of the Character General dentists			ISLAND		9233
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTACE	IMENT) Vice President Name		
Charles M. Riott	o, DMD		John R. Paquett	e, DMD	
17 Wildflower Ro	state	Zip	218 Bay View Av	enue State	7.1p
Barrington Secretary Nume	RI	02806	Cranston Treasurer Nume	RI	02905
Charles M. Riott	o, DMD		John R. Paquett	e, DMD	
As above	State	Zip	As above	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR ATT	CHMENT) Director Name		•
Charles M. Riott	o, DMD		John R. Paquett	e, DMD	
As above cuy	State	Zip	As above	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
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				erjury, I declare and affir ng any accompanying sci	m that I have examined nedules and statements, ar
			shas all coasamanes	contained hereid are true	e and correct

File Date: _ FOR SECRETARY OF STATE USE ONLY Signature of Officer

Charles M. Riotto Print or Type Name of Officer

President

Title of Officer



Class/Series

No Par Com

Number of Shares

Par Value

James R. Langevin, Secretary of Ste Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-30

PROFIT COR Filing Period: Januar			EPORT 1997		PITANER INSTRUCT BETOR
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3. Street Address Principal Busines			GIN PROVIDENCE	State F	Zip 0 200'
405 ANZELL	UTREET		HEDVIDENCE	17 <u>7</u>	902400
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) $272 - 2$ 7 Brief Description of the Charact	er of Business Conducted in R	hode Island	LAND		<i>9233</i>
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8. NAMES AND ADDRE	SSES OF THE OFFICE	RS (*X* BÖX FOR ATTACE			
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Street Address	ELDWER E	200	Street Address	VIEW AVEN	Jule.
City	State		City	State C	Zip
BARRINGTO	ON RI	032506	CRANSTON	State T	02905
Secretary Name CHAKLES	MICHAEL	Bono Dr	D TOWN (E	PAQUETTE	DMD
Street Address			Street Address		
SAME			SANS		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE			Director Name	O **	
LARLES	MICHAEL 1	Lomo DIND	JOHN R	HAQUETTE	DMD
Street Address	-	_	Street Address		
17 WILL	OFLOWER State RT	KOAD	218 13AV	VIEW AVE	NUE
City	State	Zip O 4: 34.1	City	State	2.1p
BURRINGO	ON KI	UXC06	CRANSTON	MIT.	02405
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED AND ISSUED (*x*	BOX FOR ATTACHMENT)	ISSUEED SHARES		

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

Number of Shares

Class/Series

Par Value

	Under penalty of perjury, I declare and affirm that I have examined
	this repost, instuding any accompanying achedules and statements, ar
File Date:	that all fratements contained herein are sure and correct.
riie Date:	1 Man O- Killer M. Mes
Check No.: LEST	Signature of Officer Date
	CHARLES M. PLOTTO DMD
BY: VAVO	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
TOR BURCIANT OF STATE OFF OFFE	Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-304

Filing Period: January 1-March 1

Filing Fee: \$50.00

1 CORPORATE ID HO	2. NAME OF CORPORATION	PLEASE TIPE UK P	MINT IN BLACK INK.	 	
5221		A. LEVITT, D.M.	D., CHARLES M. RIO	OTTO, D.M.D.	ZP C00E
3 STREET ADDRESS PRINCIPAL BUSINESS OFF	sen st		Prov.	Y.T.	02906
GBUSEVIESS PHOVE NO 272	2331	S STATE OF WOORPORATION RHODE IS	LAND		(9233)
7. BRIEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN ANODE ISL L (IACM)				
	8. H A M	ES AND ADDR	ESSES OF THE OF	FICERS	
PRESIDENT NAME WAYEL STREET ADDRESS	A. HUIT	<u> </u>	CHANCES STREET ADDRESS	MI RIVITO	
Since i regricus					
ตา	STATE	ZIP COOE	άτν	STATE	IDP CODE
DIAN R.	PAQUERE	F. 4	CHARVE	M PLOTAD	
STREET ADDRESS			STREET ADDRESS		
laty	STATE	ZIP CODE	αίν	STATE	⊅P CÓO€
-,:	9 , N A M	ES AND ADDR	ESSES OF THE OI	RECTORS	
DIRECTOR NAVE	V.	•	DIRECTOR NAME NOW		
STREET ADDRESS	<u> </u>		STREET ADDRESS		
OTY	SIATE	ZIP COOE	any	STATE	ZIP CODE
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STREET ADDRESS		······································	STREET ADDRESS		
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1	10. SH	ARES AUTHOR	IZED AND ISSUET		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUVBER OF SHARES	ISSUED SHARES CLASS/SERES	PAR VALUE
4,000 NO PA	1		550	NO PAR COM	
·					
*	Thic	roport must be SIG	NED IN INK by either the	he	
Pres			tant Secretary, Treasure		
· 			Under penalty or	of perjury, I declare and af	firm that I have examined the dyles and statements, and the
			all statements of	contained herein are true ar	d correct.
File Date:	yld b	•	Signaturé of Of	icer //VYTVN	
Check No:	509-1		MAY		117
Ву:	Con/IP	9	Print or Type Na	ame of Officer	317196
, For Secretary of S	itate Use Only	DETACH BOTTO	Title of Officer M BEFORE RETURNING		Date 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 REPOR'
Please Type or Prii
File Annually - Jan. 1 - March
Filing Fee \$50.0
Make Checks Payable to: Secretary of Stat

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

Corporate ID: 5221		Annual Report	for the year: 1995		
•	YER A. LEVITT, D.M.D., CHARLE	ES M. RIOTTO D.M	D. AND JOHN PAQUETTE, D.I	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 C	Business Entity is (check one): [] Business Corporation (See RIGL Chapter 7-1.1) [X] Professional Service Corporation (See RIGL Chapter 7-5.1)		
		Brief Statement o	of the character of business conducted	in Rhode Island:	
Phone. Address and telephone of the princ Rhode Island (Provide street addres 425 Angell Street Providence, RI 02906			I corporation engaged in the neral dentistry		
Phone (401) 272-2331					
	THE NAMES OF T	HE OFFICERS AR	RE:		
PRESIDENT Mayer A. Levitt, D.M.D.	STREET ADDRESS 425 Angell Street		CITY/STATE Providence, RI	747 CODE 02906	
VICEPRESIDENT John Paquette, D.M.D	STREET ADDRESS 425 Angell Street		CITY/STATE Providence, RI	719 CODE 02906	
secretary Mayer A. Levitt, D.M.D.	Same as above		CITY STATE	ZIF CODE	
TREASURER Charles M. Riotto, D.M.D.	STREET ADDRESS 425 Angell Street		entystate Providence, RI	212 CODE 02906	
	THE NAMES OF TH	E DIRECTORS AF	RE:		
N/A	STREET ADDRÉSS	·	CITYSTATE	ZIP CODE	
NAME	STREET ADDRESS	·	CITY/STATE	Z.P.CODE	
NAME	STREET ADDRESS		CITY/STATE	ZIP CODE	
NUMBER OF SHARES AUTHOR	IZED (Rider may be attached)	NUMBER OF SHARE	ES ISSUED AND OUTSTANDING (Rider may be attached	
Number of Shares Cl	ass/Series	Number of Shares	Class/Series		
600 4,000 cg Ca	ommon/No Par Value	100	Common/No Par Value		
		MAYEN OR TYPE NAME OF OFFICER SECONDS	A LEVITO	ED W	

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

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

Annual Report for the year: 1994 Corporate ID: 5221 MAYER A. LEVITT, D.M.D., CHARLES M. RIOTTO D M.D. AND JOHN PAQUETTE, D.M.D., INC Name of Business Entity: BUSINESS ENTITY DAGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND Business Entity is (check one): Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification Number: Professional Service Corporation (See RIGL Chapter 7-5.1) For foreign unitity, address and telephone number of principal office ted Liability Company (See RIGL 7-16) N/A Name, title and mailing address of contact person to whom communications may be directed: Mayer A. Levitt, D.M.D., President phone 401-272-2331 425 Angell Street, Providence, RI 02906 Address and telephone of principal office of business entity in Rhode Island (Provide Street Address - Not P.O. Box) Brief statement of the character of business conducted in Rhode Island. 425 Angell Street, Providence, RI 02906 A professional corporation engaged in the practice of general dentistry 7/**47**/84 phone ess in Rhode Island. (if foreign entity): THE NAMES OF THE OFFICERS ARE: ZIP CODE CITY/STATE STREET ADDRESS CHIEF EXECUTIVE OFFICER OR Mayer A. Levitt, D.M.D., 425 Angell Street, Providence, RI 02906 CITY/STATE Z.P CODE PRESIDENT ICHES OFF STREET ADDRESS John Paquette, D.M.D., 425 Angell Street, Providence, RI 02906 CITY/STATE ZIP CODE STREET ADDRESS CUSTODIAN OF RECORDS ON Mayer A. Levitt, D.M.D., same as above ZIP CODE TREASURER ICHALL ONE STREET ADDRESS CITY/STATE Х Charles M. Riotto, D.M.D., 425 Angell Street, Providence, RI 02906 THE NAMES OF THE DIRECTORS ARE: ZIP CODE NAME STREET ADDRESS CITY/STATE N/A CITY/STATE ZIP CODE STREET ADDRESS NAME CITY/STATE ZIP CODE STREET ADDRESS NAME NUMBER OF SHARES ISSUED AND OUTSTANDING (If Appl cable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 100 NUMBER 600 CLASS CLASS Common Common SER!ES n/a n/a No Par Value PAR VALUE OR WITHOUT PAR PAR VALUE OR WITHOUT PAR No Par Value DATE: WIN MAYER PRINT OR TYPE NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS: Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID <u>5221</u>	A	nnual Report fo	or the year $_$	1993
FIRST: The name	of the corporation	is <u>MAYER A. L</u>	LEVITT D.M.D.	<u> </u>
CHARLES M. RIOTTO	D.M.D., INC. all	L JOHN PAI	quebe pmo	She
SECOND: It is in	corporated under th	e laws of <u>Rho</u>	ode Island	
THIRD: Character	of business, brief	ly stated, is _	a profession	nal corporation engaged
in the practice o	of general dentistry			
FOURTH: If forei	gn corporation, add	ress of its pri	incipal office	e N/A
FIFTH: Business	address in Rhode Is	land <u>425 Ange</u>	ell Street, Pr	ovidence, RI
SIXTH: Names and Name	Office	irectors and of Address (in	fficers: (Atta ncluding numbe	uch rider if necessary) er, street, zip code)
N/A	Director Director			
Mayer A. Levitt, DM		425 Angel	II St., Provid	lence, RI
Sohn Paquette Pr Mayer A. Levitt, DM		ent <u>same as a</u>	<u></u>	
Charles M. Riotto D			11 St., Provid	lence, RI
SEVENTH: Number	of Shares authorize	d:		Par Value or statement that shares are without
No. of Shares	Class	Series	;	par value
600	Common		ુ જુઈ	No Par Value
EIGHTH: Number o	of Shares issued:	FOC'U & FIRST	LER I B LA	Par Value or statement that
No. of Shares	Class	Kec'd & Fories	· ()	shares are without par value
100	Common		Con off	No Par Value
Dated 2/12	1993	CHARLES A.	RIOTTO D.M.D.	AND JOHN PAQUETTE D.M.D., INC
(Report must be signe	d by an officer)	ByN	Muritum	<u> </u>

(Report must be signed by an officer)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

69

Corporate ID <u>5221</u>		Annual Report for the ye	ar <u>1992</u>
FIRST: The name	of the corpora	tion is MAYER A. LEVITT D.	M.D. AND
CHARLES M. RIOTTO	D.M.D., INC		
SECOND: It is i	ncorporated und	er the laws of <u>Rhode Islan</u>	d
THIRD: Characte	r of business,	briefly stated, is <u>a profe</u>	ssional corporation engaged
in the practice (
		, address of its principal o	ffice N/A
FIFTH: Business	address in Rho	de Island <u>425 Angell Stree</u>	t, Providence, RI
SIXTH: Names an Name Mayer A. Levitt, D Mayer A. Levitt, D Charles M. Riotto	Direct D	or or or ent 425 Angell St., P resident ary Same	
SEVENTH: Number			Par Value or statement that shares are without
No. of Shares	Class	Series	par value
600	Common		No Par Value
EIGHTH: Number No. of Shares	of Shares issue Class	d: Series	Par Value or statement that shares are without par value
100	Common		No Par Value
Dated Oah L	<u> </u>	MAYER A. LEVITT D.M CHARLES A. RIOTTO D (Name of Corporatio	.M.D., INC.

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 ID5221	Ann	ual Report for the ye	ear <u>1991</u>
FIRST: The name	of the corporation is	MAYER A. LEVITT D	.M.D. AND
CHARLES M. RIOTTO	D.M.D., INC.		
SECOND: It is in	corporated under the	laws of Rhode Isla	nd
THIRD: Character	of business, briefly	stated, is <u>a prof</u> e	essional corporation engaged
in the practice o	f general dentistry		
FOURTH: If forei	gn corporation, addre	ess of its principal (office <u>N/A</u>
FIFTH: Business	address in Rhode Isla	and <u>425 Angell Stre</u>	et, Providence, RI
SIXTH: Names and Name Mayer A. Levitt, DM	Director Director Director	rectors and officers: Address (including 425 Angell St.,	(Attach rider if necessary) number, street, zip code) Providence, RI
_	Vice Presider	nt	
Mayer A. Levitt, DM Charles M. Riotto D		Same Same	
SEVENTH: Number	of Shares authorized:	Series	Par Value or statement that shares are without par value
600	Common		No Par Value
EIGHTH: Number o			Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	Common		No Par Value
Dated Vibra Rec'c & Filed FE (Report must be signe	B 18 1991	MAYER A. LEVITT D.: CHARLES A. RIOTTO (Name of Corporation By Title	D.M.D., IN <u>C.</u>

cv

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID <u>5221</u>	Annu	ual Report for the year _	1990
FIRST: The name	of the corporation is	MAYER A. LEVITT D.M.D.	. AND
CHARLES M. RIOTTO	n m n tn^		
		5 District	
SECOND: It is in	corporated under the I	laws of <u>Rhode Island</u>	
THIRD: Character	of business, briefly	stated, is <u>a profession</u>	onal corporation engaged
in the practice o	f general dentistry		····
FOURTH: If forei	gn corporation, addres	ss of its principal offic	ce N/A
FIFTH: Business	address in Rhode Islar	nd <u>425 Angell Street, F</u>	Providence, RI
SIXTH: Names and Name	addresses of its dire Office Director	ectors and officers: (Att Address (including numb	tach rider if necessary) per, street, zip code)
	Director		
Mayer A. Levitt, DM	Director D President	425 Angell St., Provi	idence. RI
	Vice President	t	
Mayer A. Levitt, DM Charles M. Riotto D		Same Same	
SEVENTH: Number	of Shares authorized:		
No. of Shares		Series	Par Value or statement that shares are without par value
			·
600	Common		No Par Value
EIGHTH: Number o	of Shares issued:	GIAG	Par Value
No. of Shares	Class	SECY OF STATE	or statement that shares are without par value
100	Common	#	No Par Value
Dated Jun 2	5 19 90	MAYER A. LEVITT D.M.D. CHARLES A/ RIOTTO D.M.D. (Name of Copporation)	
(Report must be signe	ed by an officer)	By /////Mujm	A COUNTY

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Corporate ID5221		Annual Report for the y	ear <u>1989</u>
FIRST: _The name	of the corpora	tion is <u>MAYER A. LEVITT D</u>	.M.D. AND
CHARLES M. RIOTT	O D.M.D., INC.		
SECOND: It is i	ncorporated und	er the laws of <u>Rhode Isla</u>	nd
THIRD: Characte	r of business, I	oriefly stated, is <u>a prof</u>	essional corporation engaged
in the practice	of general dent	istry	
FOURTH: If fore	ign corporation	, address of its principal	office <u>N/A</u>
FIFTH: Business	address in Rhoo	de Island <u>425 Angell Stre</u>	et, Providence, RI
SIXTH: Names an Name Mayer A. Levitt, D	Directo Directo Directo	or	(Attach rider if necessary) number, street, zip code) Providence, RI
Mayer A. Levitt, D		resident	
Charles M. Riotto			
SEVENTH: Number		orized: Series	Par Value or statement that shares are without par value
600	Common	PAID	No Par Value
EIGHTH: Number	of Shares issued Class	d: MAR 9 1989 SEC'Y OF STATE Series	Par Value or statement that shares are without par value
100	Common		No Par Value
DatedMim.	4 19 <u>89</u>	MAYER A. LEVITT D.P CHARLES A. RIOTTO I (Name of Corporation	D.M.D., INC.
(Report must be sign	ed by an officer	By / / Wyn Title Willer	Mhunt



Corporate ID <u>5221</u>	Annı	ual Report for the year _	1988
FIRST: The name	of the corporation is	MAYER A. LEVITT D.M.D.	, INC. AND
CHARLES M. RIOTTO	D D.M.D., INC.		
SECOND: It is i	ncorporated under the 1	aws of <u>Rhode Island</u>	
THIRD: Characte	r of business, briefly	stated, is <u>a professio</u>	nal corporation engaged
in the practice o	of general dentistry		
FOURTH: If fore	ign corporation, addres	ss of its principal offic	e <u>N/A</u>
FIFTH: Business	address in Rhode Islar	nd <u>425 Angell Street, P</u>	rovidence, RI
SIXTH: Names and Name	d addresses of its dire Office Director Director	ectors and officers: (Att Address (including numb	ach rider if necessary) er, street, zip code)
Mayer A. Levitt, DI	Director	425 Angell St., Provi	dence RT
	Vice President		defice; KI
Mayer A. Levitt, DI Charles M. Riotto I		Same Same	
SEVENTH: Number	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
600	Common	PAID	No Par Value
EIGHTH: Number o	of Shares issued:	144K U # 1988	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
100	Common		No Par Value
Dated	14 19 <u>88</u>	MAYER A. LEVITT D.M.D. CHARLES A. RIOTTO D.M.D. (Name of Corporation) By When the second control of the seco	
(Report must be sign	eu by an officer)	Title Western	-

Corporate ID <u>5221</u>	Anı	nual Report for the y	/ear <u>1987</u>
FIRST: The name	of the corporation i	S MAYER A. LEVITT D	.M.D., INC. AND
CHARLES M. RIOTT	O D.M.D., INC.		
SECOND: It is i	ncorporated under the	laws of Rhode Isla	nd
	·	 	
THIRD: Characte	r of business, briefly	y stated, is <u>a prof</u>	essional corporation engaged
in the practice	of general dentistry		
FOURTH: If fore	ign corporation, addre	ess of its principal	office N/A
FIFTH: Business	address in Rhode Isla	and <u>425 Angell Stre</u>	et, Providence, RI
SIXTH: Names an Name	d addresses of its dir Office Director Director	rectors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
Mayer A. Levitt, D	Director MD President	425 Angell St.,	Providence PI
	Vice Presider	nt	Frovidence, KI
Mayer A. Levitt, D Charles M. Riotto		<u>Same</u> Same	
	of Shares authorized	<u>-</u>	
			Par Value or statement that shares are without
No. of Shares	Class	Series	par value
600	Common		No Par Value
EIGHTH: Number	of Shares issued: PAID		Par Value or statement that
No. of Shares	Class MAR 03 1	261.163	shares are without par value
100	Common SEC'Y OF S	TATE 	No Par Value
Dated / Vo	<u>10</u> 19 <u>8</u>]	(Name of Corporati	D.M.D., INC.
(Report must be sign	ed hy an officer)	By Title	1 1/2 hans

Corporate ID <u>5221</u>	· · · · · · · · · · · · · · · · · · ·	Annual Report for th	ne year <u>1986</u>
FIRST: The name	of the corpora	tion is <u>MAYER A. LEVI</u>	T D.M.D., INC. AND
CHARLES M. RIOTTO	O D.M.D., INC.		
SECOND: It is in	ncorporated und	er the laws of <u>Rhode I</u>	sland
THIRD: Character	r of business,	briefly stated, is <u>a p</u>	rofessional corporation engaged
in the practice (of general dent	istry	
FOURTH: If fore	ign corporation	, address of its princip	oal office <u>N/A</u>
FIFTH: Business	address in Rho	ode Island <u>425 Angell S</u>	street, Providence, RI
SIXTH: Names an Name	d addresses of Office Direct Direct	or	ers: (Attach rider if necessary) ling number, street, zip code)
Mayer A. Levitt, D		dent <u>425 Angell St</u> President	., Providence, RI
Mayer A. Levitt, D Charles M. Riotto	MD Secret	ary Same	
SEVENTH: Number		norized:	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
600	Common		No Par Value
EIGHTH: Number	of Shares issue	ed: Sold Series	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	Common	7. 7. 2.	No Par Value
Dated <u>Many</u>	19_86	CHARLES A. RIO	ration)
(Report must be sign	JUN 14 1986	By VVVV V	Musel PMD

To be filed annually between January 1st and March 1st

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

Corporate ID5221		Annual Report for the year 1985
FIRST: The name	of the corporation is	D. AND Charles M. RIOTTO DAD INC
	•	Rhode Island
		s rental services
FOURTH: If foreign	gn corporation, address of its	s principal office
FIFTH: Business a	iddress in Rhode Island	425 Angell Street, Providence, RI 02906
SIXTH: Names ar	nd addresses of its directors a	· ·
	Director	
	Director	
•••••	Director	
Mayer Levitt	President	425 Angell Street, Prov., RI 02906
	Vice Pres	ident
Mayor Levitt	Secretary	n o u
Mayer Levitt	Treasurer	н н н
SEVENTH: Numb	er of Shares authorized:	Par Value or statement that shares are without Series par value
4,000	Common	Series par value - None
Еіднтн: Numbei	of Shares issued:	Par Value or statement that
No. of Shares	Class	Series shares are without par value
100	FA Common	- None
Pated 7	CHEK CHEK 02290001	MAL INC. (Name of Corporation) By
(Report must b	e signed by a profficer)	Title Messelver T

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

20526

.

	A	nnual Report for the	year 1985
FIRST:	The name of the corporation is	MAYER A. LEV	/Iፕፕ D.M.D., INC.
		n nhada	
	It is incorporated under the	24.110 02	Island .
THISD:	Character of business, briefly s	tated, is practice	e of dentistry
*** ** *** ** ** ** ** ** **	and the second second		
Fourth:	If foreign corporation, addr	ress of its principal	office
N/A			
Business A Blank Repo Providen	Business address in Rhode Isl ddress - 425 Angell St., rts to - Adler Pollock 6 cc, RI 02903 Names and addresses of its di (Addresses must include street and	Providence, Ri Sheehan, 2300 Frectors and officer	Hospital Trust Towe
N	ame: Office		Address
	Director		• • • • • • • • • • • • • • • • • • •
*	Director		
	Director		,
_Mayer A. L	evitt, D.M.D. President	425 Angell 9	St., Providence, RI
*****	Vice Preside	nt	
Mayer A. I	evitt, D.M.D. Secretary	Same	**
Mayer A. I	cvitt Treasurer pace is needed, attach rider)	Same	
Seventh	: Number of Shares authori	ized:	Par Value or statement that
No. of She	res Class	Series	shares are without par value
600	Common		No Par Value
EIGHTH: No. of Sha	Number of Shares issued: Cless Common	Series	Par Value or statement that shares are without par value No Par Value
Dated:		(Name of Corporations) Sy Muy 10 itle Midu	VITT D.M.D., INC.

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