

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

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

Matthew A. Brown, Secretary of State

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_ 2005

825 Street Address Principal Business 1445 WAMPANOAG Business Phone No.	PAUL E. AP				
1445 WAMPANOAG	4 14T	PELBAUM, D.M.D., INC.	T	I com	
Business Phone No.	TRAIL		City RIVERSIDE	Sinic RI	2φ 02915
		5. State of Incorporatio			6. SIC Cirle
		RHODE ISLAN	D		9233
Brief Description of the Character DENTAL OFFICE	of Business Conducted	l in Rhode Island			
NAMES AND ADDRESSES	S OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT)     FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
×ident Name	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Vice President Name		<b></b>
PAUL E. APPELBA	AUM, D.M.D.		PAUL E. APPELB	AUM, D.M.D.	
ort Address	TD 4 T 1		Street Address		
1445 WAMPANOAG	T	-2/	SAME	I e	Trin.
riverside	State R1	<i>Ζφ</i> ✓ U2915	City	State	Zip
retary Name		L	Treasurer Name		
PAUL E. APPELBA	UM, D.M.		PAUL E. APPELB	AUM, D.M.D.	
oinet Address			Street Address		
SAME	<u> </u>	<u> </u>	SAME	· · · · · · · · · · · · · · · · · · ·	
i.	State	Zīp	City	State	Zip
NAMES AND ADDRESSES	 S OF THE DIREC	 TORS: <i>("X" BOX FOR )</i>	: ATTACHMENT) □ FILL	 IN SPACES BEFORE US	   ING ATTACHMENTS
rector Name			Director Name	•••••••••••••••••••••••••••••••••••	
PAUL E. APPELBA	NUM, D.M.D.		<u> </u>		
Street Address			Street Address		
1445 WAMPANOAG	<del></del>				T
RIVERSIDE	State RI	<sup>Zip</sup> 02915	City	State	Zip
rector Nume		J	Director Name	l	
nei Address			Street Address		
			<u>:</u>		<del></del>
tỳ.	State	Zip	City	State	Zip
0. SHARES AUTHORIZED	   (*X* ROX FOR :	 ATTACHMENT) □	11 SHARES ISSUED	 ("X" BOX FOR ATTAC:	 HAMENT) □
UTHORIZED SHARES	( A BOX FOR		ISSUED SHARES	( A DOA TON MITAGE	
omber of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
0.000.04.00.04.04.44.44					
8,000 \$1.00 PAR VALUE			2000	COMMON	\$1.00



## 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	ROFIT	CORPORATION	ANNUAL REPORT	FOR THE YEAR	2004
--	-------	-------------	---------------	--------------	------

iling Period: January FORM MUST BE TYPED OR	l - March 1 🔹 🕒		KI FUK THE YEA	<b>4.K</b>	<u> </u>		
. Corporate ID No.	2. Name of Corpor	ration	<del></del>	<del></del>	<del></del>		
825	PAUL E. AI	PPELBAUM, D.M.D., INC.					
3 Street Address Principal Bus 1445 WAMPANOAG	lness Office	-	City RIVERSIDE	State RI	Zip 02915		
Business Phone No		5. State of Incorporate	<del></del>		6. SIC Cixte		
		RHODE ISLAN	ND.		9233		
Brief Description of the Char DENTAL OFFICE	acter of Business Conducte	d in Rhode Island			3433		
. NAMES AND ADDRE	SSES OF THE OFFIC	ERS: ("X" BOX FOR A	TACHMENT)	SPACES BEFORE USIN	G ATTACHMENTS		
PAUL E. APPELB	AUM, D.M.D		PAUL E. APPI	ELBAUM, D.M.D.			
inet Address			Street Address				
<u>1445 WAMPANOAG</u>	TRAIL	210	SAME	Lean	I w.:		
RIVERSIDE	sime RI	<sup>z.y</sup> 02915	Gity <sup>.</sup>	State	Zip		
PAUL E. APPELBAUM, D.M.D.			Treasurer Name PAUL E. APPI	ELBAUM, D.M.D.	••••••••••••		
ireet Address			Street Address				
SAME	State	Zip	City	State	Zip		
		1	·		1		
	SSES OF THE DIREC	TORS: ("X" BOX FOR		IN SPACES BEFORE USI	NG ATTACHMENTS		
PAUL E. APPELB	AUM, D.M.D		Director Name				
Invi Address			Struct Address				
1445 WAMPANOAG	<del></del>	<del></del>		<del></del>			
nr RIVERSIDE	State RI	02915	City	State	Z.lp		
Director Name			Director Name				
Ireet Address			Street Address				
ity	State	Zip	- Chy	State	Zip		
0. SHARES AUTHORIZ UTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
umber of Shares	Gas√Series	Par Value	Number of Shares	Class/Series	Par Value		
	_						
8,000 \$1.00 PAR VALU	<u> </u>		2000	COMMON	\$1.00		
This report must	he signed in int he	either the President Min	I c President, Secretary, Assist	ant Speratory Transvers	Pagainar or Trustee		
. ma report must	. 55 Signed in link Uy	enner me rienuem, vic	o i restuent, decretary, MSSISI	am secretary, freasurer.	Received of Frustee		
11	<b>2010) 10110 (109) O</b> HI 1801						
			Under penalty of p	சிjury, I declare and affirm (	hat I have examined this		
<del></del>	* <del>8 2 5 *</del>	<del></del>	including any acto	mpanying schedules and sta			
/ ~	29-04		contained/herein ag	errue and correct.	1/20/611		
Tile Date	$\sim$ , $0$ $\frac{7}{}$		Simulation of the state of the	/	1/2/109		
Sheck No	404	_	Signatule his Officer PAIII. E. AF	PPELBAUM, DMD.	t Date		
	7						
By:		<b>-</b>	Print or Type Name of Officer				
FOR SECRETARY O	OF STATE USE ONLY		PRESIDENT Title of Officer				
				Title of Officer			

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

STOP PLEASE READ

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Curporate ID No. 2. Name of Corporation 825 PAUL E. APPELBAUM, D.M.D., INC. State Zip City 3 Street Address Principal Business Office 02915 RIVERSIDE RI 1445 WAMPANOAG TRAIL 5. State of Incorporation 6. SIC Code 4 Business Phone No 433-2400 9233 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island DENTAL OFFICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name PAUL E. APPELBAUM, DMD PAUL E. APPELBAUM Street Address Street Address SAME 1445 WAMPANOAG TRAIL Zin City State 02915 RIVERSIDE RΙ Treasurer Name Secretary Name PAUL E. APPELBAUM, DMD PAUL E. APPELBAUM, DMD Street Address Street Address SAME SAME Zip State State City 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) \* FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name PAUL E. APPELBAUM, DMD Street Address Street Address 1445 WAMPANOAG TRAIL Zip State City RIVERSIDE RΙ 02915 Director Name Director Name Street Address Street Address City State ZipZip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Class/Series Par Value Number of Shares Number of Shares

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

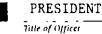
2000



8,000 \$1.00 PAR VALUE

COMMON





·\* 🕞 5



\$1.00

State

City

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

Zip

Par Value

#### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Januar)	y I-March 1 🔹 🖟	Filing Fee: \$50.00			185
FORM MUST BE TYPED IN BL	ACK)				
I. Corporate ID No.	2. Name of Corporation	n			
825	PAUL E. APP	LBAUM, D.M.D., INC.			
3. Street Address Principal Business			City	State	Zip
1445 Wampanoa	g Trail		Riverside	RI	02915
C. Business Phone No.		5. State of Incorporation		• • •	6. SIC Code
433-2400		RHODE ISLAND			9233
7. Brief Description of the Characte	er of Business Conducted In	Rhode Island			
Dental Office	<b>:</b>				
B. NAMES AND ADDRES President Name  APPR		ERS ("X" BOX FOR ATTACE	fMENT) FILL IN SPAC Vice President Name	Affeighum	TACHMENTS
President Name Paul E. Apple	baum, DMD		Paul E.	Applebaum, Di	MD
Street Address Wampanoa	g Trail		Street Address Same		
Riverside	State RI	<sup>zip</sup> 02915	Gity	State	Zip
Secretary Name			Treasurer Name		
Paul E. Apple	baum, DMD		Paul E. Sureet Address	Applebaum, D	MD
Sam	ne .		Same		

9. NAMES A	ND ADDRESSES	OF	THE DIRECTORS (*X* BOX F	OR ATTACHMENT)	FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name	DAIT	1.	100/1001110	Director N	lame

City

Z.ip

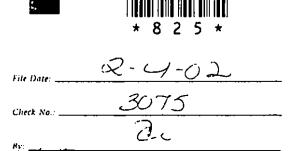
Street Address City State Zip Director Name Director Name Street Address Sticet Addiess

City State Zip City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series

8,000 \$1.00 PAR VALUE

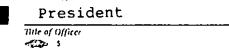
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, declare and affirm that I have examined this report, including processing schedules and statements, and that all statement's sine herein are true and corre Signature of Olycer Paul E. Applebaum. DMD Print or Type Name of Officer

State



Form 630 12/01

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



PROFIT CORPO	DRATION	ANNUAL	REPORT	FOR	THE	YEAR	2001
Filing Period: January i							<del></del>
FORM MUST BE TYPED IN BLAC	κ)						
I. Curparate ID No. <b>825</b>	2. Name of Corporati	<sup>lon</sup> PPELBAUM, D.	.M.D., INC.				

<u> </u>		O II PLEASE STRU
	zip 02915 6. sic code <b>9233</b>	
HME	vīs	
•	Zip	
снм	Zip ENTS	
	Zip	

Par Value

State RI 1525 Wampanoug 4. Business Phone No. State of Incorporation RHODE ÍSLAND 7. Brief Description of the Character of Business Conducted in Rhode Island A dental office. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACK** Vice President Name Paul E. Appelbaum, D.M.D Paul E. Appelbaum, D.M.D. Street Address same City State 02915 RI Riverside Secretary Name Treasurer Name Paul E. Appelbaum, D.M.D Paul E. Appelbaum, D.M.D. Street Address Street Address same same City Zip City State State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTA Director Name Director Name Street Address Street Address City State City State Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES

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

Number of Shares

none

Par Value



8,000 \$1.00 PAR VALUE

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

Class/Series

Signuture o

Print or Ty

FOR SECRETARY OF STATE USE ONLY

Number of Shares





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

Office of the Secretary of State	100 NOTTH MI
PROFIT CORPORATION ANNUAL REPORT FOR THE	YEAR _
Filling Period: January 1-March 1 • Filling Fee: \$50.00	



Filing Periou: Junuary	1-march 1 - 1	g 1 cc. \$50.00			
(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporation				
825	PAUL E	. APPELBAUM,	D.M.D., INC.		
3. Street Address Principal Business C	Office		City	State	Zip
1445 Wampano	ag Trail		E. Prov.	RI	02914
4. Business Phone No.	-	5. State of Incorporation			6. SIC Code
433-2400		Rhode Is	land		9233
7. Brief Description of the Character	of Business Conducted In R	liode Island			
A Dental Office	<b>!</b>				
8. NAMES AND ADDRESS		ERS ("X" BOX FOR ATTAC	CHMENT)		
President Name			Vice President Name		
Paul E. Appelba	ıum		Paul E. App	elbaum	
Street Address			Street Address		
1445 Wampanoag	Trail		1445 Wampanoag	Trail	
City	State	Zip	City	State	Zip
E. Prov.	RI	02914	E. Prov.	RI	02914
Secretary Name			Treasurer Name		
Same			Same		
Street Address			Street Address		
J. C. Audress					
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" ROX FOR AT)	TACHMENT)		
Director Name	JES OF THE DIREC	10KG CA DOM COM III	Director Name		
Street Address			Street Addiess		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8.000 \$1.00 PA	R VALUE		NONE		

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

Title of Officer

	3/20/00	
le Date:		
Last Ma	1359	
heck No.:	Ze	
y:		
OR SECRETARY O	F STATE USE ONLY	

Under penalty of perjury, I declare and affirm this report, including any accompanying scheothat all statements contained herein are true a	lules and statements, and
1/1/11	3/1/00_
Signature of Officer	Date
Paul E. Appelbaum DMD.	
Print or Type Name of Officer	



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

(FORM MILIST BE TYPED IN BLACK)

James R. Langevin, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

> that I have examined dules and statements, and

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999



1. Corporate ID No. 2. Name of Corporation PAUL E. APPELBAUM, D.M.D., INC. 825 3. Street Act dress Principal Business Office State Zip 1445 Wampanoag Trail East Prov RI 02914 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 433 -2400 9233 7. Brief Des cription of the Character of Business Conducted in Rhode Island A Dental Office 8. NAMIES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Paul E. Appelbaum Paul E. Appelbaum Street Address Street Address 1445 Wampanoag Trail 1445 Wampanoag Trail E. Prov 02914 RI E. Prov RI 02914 Secretary New me Treasurer Name Paul E. Appelbaum Paul E. Appelbaum Street Address Street Address same same State City City 210 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address State City Zip City State Director Name Director Name Street Address Street Address State City State 2.1p 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) . AUTHORIZED SHARES ISSUED) SHARES Class/Series Number of Shaies Par Value Number of Shares Class/Series 8,000 \$1.00 PAR VALUE none

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

* 8 2 5 *	Under penalty of perjury, I declare and affirm
File Date: Wary 99 9894	this report, including any accompanying sched that all statements contained herein are true a Signature of Office.
By:  FOR SECRETARY OF STATE USE ONLY	Paul E. Appelbaum, DMD

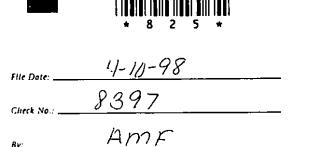
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-277-3040

,		<del></del>			
(FORM MUST BE TYPED IN BLA	CK)				
I. Corporate ID No. <b>825</b>	2. Name of Corporat PAUL E. AF	PPELBAUM, D.M.D.	, INC.		
3. Street Address Principal Business		•	City	State	Zip 02914
1445 Wampano	ag Trail		East Prov	RI	*
4. Business Phone No. 433-2400		5. State of Incorporation RHODE ISLA			6. SIC Code <b>9233</b>
7. Brief Description of the Character A dental off		n Rhode Island			
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)		
President Name Paul E. Appe	lbaum		Vice President Name Paul E. Appell	oaum	
Street Address 1445 Wampano	ag Trail		Street Address Same		
E. Prov	State RI	<sup>zip</sup> 02914	same	State	Zip
secretur Name Paul E. Appe	lbaum		Treasurer Name Paul E. Appe	elbaum	
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIRI	ECTORS (*x* BOX FOR A	TTACHMENT) 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 AUTHORIZE AUTHORIZED SHARES	D ("x" box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shores	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 SHS \$1.00 PAI	R VALUE		none		

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



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 Offic Print or Type Name Title of Officer



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	RF	TYPED	IN	BLACK)
CLOWN	MUSI	D E.	משיווו	***	BLACK

1. Corporate ID No.

Number of Shares

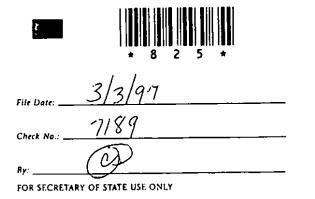
8000 SHS \$1.00 PAR VALUE

2. Name of Corporation

825	PAUL E. AF	PELBAUM, D.M.D.	., INC.		<b></b>
1. Street Address Principal Business C	)ffice	·	City	State	21p 02914
1445 Wampanoag	y Trail		East Prov	RI	
I. Husiness Phone No.		5. State of Incorporati	on		6. SIC Coile
433-2400		RHODE ISL	AND		9233
7. Brief Description of the Character	of Business Conducted l				
A Dental Offic	ce				
B. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR AT	rachment)		
President Name			Vice President Name	DI DAIM	
PAUL E. APPELE	BAUM		PAUL E. APP	FLBAUM	
Street Address			Street Address		
1445 Wampanoag	y Trail		same		
City	State	Zip	City	State	ZIP
E. Prov	RI	02914			
Secretary Name			Treasurer Name		
PAUL E. APPELI	BAUM		PAUL E. APP	ELBAUM	
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)		
Director Name	//		Director Name		
5/l/M	d'				
Street Address	Ī		Street Address		
City	State	Zip	City	State	Zip
Director Name (1/A. )			Director Name		
Director Name GUM					
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D AND ISSUED	(*X* BOX FOR ATTACHME	NT)		
AUTHORIZED SHARES			ESUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

None



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. Date Signature of Officer PAUL E. APPELBAUM

Print or Type Name of Officer

President

Title of Officer

### PROFIT CORPORATION ANNUAL REPORT

1996



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

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

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

#### PLEASE TYPE OR PRINT IN BLACK INK.

	2. NAME	OF CORPORATION				
825 3. street adoress pri	NOPAL BUSINESS OFFICE	PAUL E. AF	PPELBAUM, D.	M.D., INC.	STATE	27 <b>P C00€</b>
1445	Wampanoag 1	rail		E. Providence	RI	02915
BUSINESS PHONE NO.			TATE OF INCORPORATION	<u>-</u> -	••	6. SIC CODE
433-2			RHODE IS	LAND		9233
	THE CHARACTER OF BUSINESS CO	FOUCTED IN RHOOE ISLAND		•		
A Der	ntal Office					
PRESIDENT NAME		8. NAMES	AND ADDR	ESSES OF THE OFFI	CERS	
PAUL STREET ADDRESS	E. APPLEBAU	M		PAUL E. APPLE STREET ADDRESS	BAUM	
1445 anv	Wampanoag T		ZIP COOE	same	STATE	" ZIP 000E
E. Pr		8I	02915			
SECRETARY NAME				TREASURER NAME		
PAUL STREET ADDRESS	E. APPLEBAU	M -		PAUL E. APPLE	BAUM	<b></b>
SAME				SAME		
OTTY CITE	STATE		ZIP C00€	any	STATE	2₽ C00E
DIRECTOR HAME	·- ·		·	DIRECTOR NAME STREET ADDRESS		
aty ·	STATE	<del></del>	ZIP COOK	т : any - :	STATE	20P C00E
			<b>-</b>			•
DIRECTOR NAME				DIRECTOR HAME		
	<del></del>	<del></del>	<del></del>	DIRECTOR HAME  STREET ADDRESS		<del></del>
DIRECTOR NAME STREET ADDRESS	STATE	<del></del>	7P C006		SIATE	
STREET ADDRESS				STREET ADDRESS		ZIP COOSE ~~
STREET ADDRESS	АИТНОЯ	1 0 . S H A F HIZED SHARES SS/SER'ES		STREET ADDRESS	ISSUED SHARES CLASS/SERES	ZIP COO€

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.

Signature of Officer

File Date:

Check No:

Ву:

JIIEÇK INO.

For Secretary of State Use Only

.....

PAUL E. APPLEBAUM

Print or Type Name of Officer

PRESIDENT

2-28 516

Title of Officer

Date

## State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:	0000825		Annual Report for	the year:1995	
Name of Corporat	Ø∆DL E	. APPELBAUM,			
Business entity organ For foreign entity, ad	dress and telephone number of	of principal office:	🙀 ] Business	ris (check one): Corporation (See RIGL Chapter 7-1 nal Service Corporation (See RIGL)	.1)
Phone: () Address and telephor Island (Provide street _ 1445_ Wa	ne of the principal office of bit address Not P.O. Box): ampanoag_Trail_covidence,_RI_	isiness entity in Rhode	a_Denta	of the character of business conduct 1_Office_	
Phone: (_401 4	33-2400				
<del></del>		THE NAMES O	F THE OFFICERS A	RE:	
PRESIDENT -	7 1 h				ZIP CODE
VICE PRESIDENT	Appelbaum		mpanoag Trail	E. Prov., RI 029	ZIP CODE
	Appelbaum	same			
SECRETARY	Amma 1 harrim	-	T ADDRESS	CHYSTATE	ZIP CODE
Paul E.	Appelbaum	same stree	T ADDRESS	CITY/STATE	ZIP CODE
Paul E.	_Appelbaum	same			
NAME			THE DIRECTORS A	ARE:	ZIP CODF
•		.,,,,,,		C(((),),(),2	Fill COPA
NAME		STREU	T ADDRESS	CHYATATE	ZIP CODE
NAME		STRFE	T ADDRESS	CITY/STATE	ZIP CODE
NUMBER OF SHARE	ES AUTHORIZED (Rider may	he attached)	NUMBER OF SHA	RES ISSUED AND OUTSTANDING (I	Rider may be attached)
Number of Shares	Class / Series		Number of Shares	Class / Series	
8000	Common		;		
Date	2-2	)_25_ By:	Paul E. Apr	IJU	
Form 21 + 105			ORT <b>Presidents</b> sid	VING	
Form 31 1/95	TABLETA		OF OFFICER SIGNING  AGENT FOR SERVI	<u> </u>	

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

SETH ADAM PERLMUTTER 949 PARK AVENUE CRANSTON RI 02910 FILED

MAR 0 3 1995

By Ca CL # 476(e)

Filing Fec \$50.00 Payable to: Secretary of State

State of Rhode Island and Providence Plantations

Office of The Secretary of State 100 North Main Street

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

64303 17792 73019\_

Providence, R	Chode Island 02903-1335 01-277-3040 1994
0000825 @	Applyal Report for the year:
Corporate 10.	PAUL E. APPELEAUM, D.M.D., INC.
Name of Business Entity:	
Business entity organized under the laws of the State of: RI  Federal Taxpayer Identification Number:  For foreign entity, address and telephone number of principal office:	Business Entity is (check one):  [X] 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: Paul E. Appelbaum, President
	1445 Wampanoag Trail
	RT 02915
Phone: ( )	
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  1445 Wampanoag Trail	Brief statement of the character of business conducted in Rhode Island:  A dental office
East Providence, RI 02915	0/21/92
	Date of Organization: 8/31/82
Phone: (HQ) 473-2400	Date of Organization —  Date of Qualification to do business in Rhode Island (if foreign entity):
	CONTHE OFFICERS ARE: ZIPCOD
CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One)	TIP THE OFFICIANO MANAGEMENT
	STREET ADDRESS [445 Wampanoag Trail, E. Prov., RI 02915
CHIEF OPERATING OFFICER OR W VICE PRESTORY TOLKEN	STREET ADDRESS
PAUL E. AFFEDDAOIT	STREET ADDRESS CITYSTATE
PAUL E. APPELBAUM	same as above CHYSTATE 7/1 COL
CHIEF PANCIAL OFFICER OR LES TREASURER (CARCA CARCA	same as above
PAUL E. APPELBAUM THE NAMES	S OF THE DIRECTORS ARE: CURSTATE ZIPCO
NAME.	STREET ADDRESS CITY/STATE
	STREET ADDRESS CITY/STATE
NAME	ZIPC
NAME	STREET ADDRESS CITY/STATE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
	NUMBER
NUMBER 8000	1.2.3
CLASS common	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR \$1.00 par value	PAR VALUE OR WITHOUT PAR
2-14 94	Wall b. Afrillian

## State of Rhode Island and Providence Plantations Corporations division 100 North Main Street Providence, Rhode Island 02903

Corporate ID 0000825		Annual Report for	the year 1993
FIRST: The name of the con	rporation is PAUL	E. APPELBAUM, D.	M.D., INC.
Second: It is incorporated	under the laws of	State of Rhode Is	land
THIRD: Character of busine	ess, briefly stated, is	a dental office	
FOURTH: If foreign corpora	ition, address of its princ	cipal office	
FIFTH: Business address in		Wampanoag Trail, de Island, 02915	East Providence,
Name	es of its directors and off		(Attach rider if necessary) g number, street, zip code)
	D' .		
	Director		
Paul E. Appelbaum	President	1445 Wampanoag T	rail, E.P., RI 02915
Paul E. Appelbaum	Vice President	same as abo	ove
Paul E. Appelbaum			ove
Paul E. Appelbaum	Treasurer	same as abo	ove
SEVENTH: Number of Shar	es authorized: Ma	W	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
EIGHTH: Number of Share	s issued: 1990	& F1100 CER 25 199 W 11 261  Series	Par Value or statement that shares are without par value
Dated	(Nar	PAUL E. APPELBAUM me of Corporation)	D.M.D., INC.
(Report must be signed by	ran officer) Titl	le////	CLANCELA

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

c, N	8775
------	------

Corporate ID	825		Annual Report for the year	ır1992
FIRST: The	name of the corpora	tion is PAUL E	C. APPELBAUM, D.M.D.,	INC.
Second: It	is incorporated unde	er the laws of	State of Rhode Islan	d
Third: Cha	aracter of business, b	riefly stated, is	dental office	
Fourth: If	foreign corporation,	address of its prin	cipal office	
	ness address in Rhoosland 02915	de Island 1445	Wampanoag Trail, Eas	t Providence,
	nes and addresses of	Office	fficers: Address (including number	(Attach rider if necessary) street, zip code)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>D</b> .		
Paul E. App		D 11 .	1445 Wampanoag Trail	, E.P., RI 02915
Paul E. Ap			SAME AS ABOVE	
Paul E. Ap			SAME AS ABOVE	
Paul e. Ap		Treasurer	SAME AS ABOVE	
Seventh: N	Number of Shares au	thorized:		Par Value or statement that
No. of Shares	JOON C1:	ass	Script AID	shares are without par value
	U		MAR 0 2 1332	
Eібнтн: Ni	umber of Shares issue	ed:	SECTY OF STATE	Par Value or statement that
No of Shares	Cla	ısş	Series	shares are without par value
Dated	1/27	Z N. Z	AUL E. APPELBAUM, D.M.	D., INC.
(Report	must be signed by an off		Acc fee	sident

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	325	KCAnnual Report for the	ne year 1991
FIRST: The name	e of the corporation isP	AUL E. APPELBAUM, D.M.I	O., INC.
Second: It is in	corporated under the laws	of STATE OF RHODE ISL	AND
THIRD: Characte	er of business, briefly stated	, is a dental office	
FOURTH: If forei	gn corporation, address of	its principal office	
FIFTH: Business	address in Rhode Island	1445 Wampanoag Trail,	East Providence, RI 02915
SIXTH: Names as	nd addresses of its directors		(Attach rider if necessary)
	Directo	r	
	Directo	r	
	Directo	r	•
PAUL E. AP	1 TCSIUC	nt 1445 Wampanoag Tr	ail, E.Prov., RI 0291
PAUL E. AP		esident SAME AS ABOVE	
PAUL E. AP	PELBAUM Secreta	ry SAME AS ABOVE	
PAUL E. AP	PELBAUM Treasur	er SAME AS ABOVE	
SEVENTH: Numb	er of Shares authorized:	Series	Par Value or statement that shares are without par value
2,000	common	PAID	without par value
EIGHTH: Number	r of Shares issued:	PECY OF STATE	Par Value or statement that shares are without
2,000	Class Common	Series	parvalue without par value
	y 20, 19 91	PAUL E. APPELBAUM, (Name of Corporation)  By  Title PRESIDENT	-
(Report must b	e signed by an officer)	TitleP.RESIDENT	, <del></del>

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

Corporate ID0000825	Annual Report for the year 1990
FIRST: The name of the corporation is	PAUL E. APPELBAUM, D.M.D., INC.
SECOND: It is incorporated under the laws of  THIRD: Character of business, briefly stated, is	Rhole Island DENTAL OFFICE
FOURTH: If foreign corporation, address of its p	orincipal office
FIFTH: Business address in Rhode Island	1445 WAMPANDAG TRAIL EAST PROVIDENCE RI 02915
SIXTH: Names and addresses of its directors and Office  The Have APPELBAM Director  Director  Director  President  Vice Presid  Secretary  Treasurer	Address (including number, street, zip code)  Address (including number)
SEVENTH: Number of Shares authorized:  No. of Shares $ \mathcal{L} $ Class	Par Value or statement that shares are without par value  PAID  PAID  Par Value  Or statement that shares are without par value
EIGHTH: Number of Shares issued:  No. of Shares  Class	SEC'Y. OF STATE MY D.MID. And.  (Name of Corporation)  Par Value or statement that shares are without par value  Bud & Appellion, D.Mid., And.  (Name of Corporation)
Dated $\frac{\partial}{\partial z} = 10$ 19 $\frac{\partial}{\partial z}$	Stud E. appellion, D.Mis, Inc.  (Name of Corporation)  By
	Title Julistlew

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	00825	Annual Repo	ort for the year	1989 ur	
FIRST: The name	of the corporation is	PAUL E. APPÉ	LBAUM, D.	M.D., INC	•
Second: It is inco	orporated under the laws of	Plione Isu	AND		
THIRD: Character	of business, briefly stated, is.	DENT	4L OFF1	CL	
FOURTH: If foreig	n corporation, address of its p	orincipal office			
FIFTH: Business a	ddress in Rhode Island	1445 WAN	1PANOAG	TRAIL	(alti)
	FA	ST PROVIDENCE	R.I	02415	
Sixth: Names and	d addresses of its directors and	,			r if necessary)
Da. PAUL AP	Office Office		s (including number	r, street, zip code)	
Ju- FAUL AY	Director	لم	un		
	Director			••••••	••••••
	Director		·····		•••••
	President				
	Vice Presid	lent		••••••	•••••
\ \ /	Secretary		\./	*******************	•••••
	Treasurer		······································		
SEVENTH: Number	er of Shares authorized:			Par Value or statement t	
No. of Shares	Class	Series		shares are with par value	lout
2000		PAID		200	0
энтн: Number	of Shares issued:	PAID JAN 31 1989 BECYSAF ST	pte	Par Value or statement t shares are with	hat
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Class	ું કું કું કું કું કું કું કું કું કું ક			O
	-30 19 84	PAUL E.	APPIEL 340	M. D.M.D.	INC
		(Name of Corporation)	Pal	\ 	
61.16	e signed by an officer)	Title	Tlarle	ut	******

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

Corporate ID 3		Annual Report	for the year.	1988
FIRST: The name of	the corporation is	AUL E. APPELL	BAUILL,	Dillo JNC,
Second: It is incorpo	orated under the laws of	RHOL	PE J	SLAND
THIRD: Character of	business, briefly stated, is	De	ntal	VEFILL
FOURTH: If foreign co	orporation, address of its p	orincipal office 15	75 M	AMPANUH TI NI CZG15
	ess in Rhode Island			
SIXTH: Names and ac	ddresses of its directors and Office 34041 Director		cluding number, str	(Attach rider if necessary
	Director			······································
	Director			
	President			
	Vice Preside	ent		
	Secretary Treasurer		$\bigvee$	
SEVENTH: Number of		ENTERED JUL 1	8 1988	Par Value or statement that shares are without par value
2860	C. <b>.</b>	Series		(A) - G. C-()
		PAID		•
EIGHTH: Number of S	Shares issued:	AK 1 6 1989		Par Value or statement that shares are without
No. of Shares	Class SEC	Y OF STA Series		par value
Juso	-			A.J. arch
ated 2-33	19 .E.S	PAUL E 41PE	113,41/121,	D.M.D., INC
		(Name of Corporation)	, We-1 —	
		By	0. 12.57 D.K.1	·······
(Report must be sign	ned by an officer)	Title	6.6.5.1.8.8.1.	<i></i>

\$tat	CORPOR 270 WE	and Providence Prations division	lantation <b>s</b>
Corporate ID	PROVIDENCE	. RHODE ISLAND 02903  Annual Report	for the year 1987
' \	the corporation is		BAUNI, D. H.D., INC.
SECOND: It is incorp	orated under the laws of	fhode	ISland Ntal OFFIE
THIRD: Character of	business, briefly stated, i	s <i>De</i>	ntal OFFIET
FOURTH: If foreign	corporation, address of its	principal office	
Fifth: Business add	ress in Rhode Island	1525 U KINENSIDE, 1	1/AMPANOAG TRAIL- R.I. 02915
SIXTH: Names and a	ddresses of its directors a	nd officers:	(Attach rider if necessary)
Dr. PAUL P	MEIBAUM Director		Same
	Director		
	Director		
	President		······
.	Vice Pres	ident	
\!/	Secretary		
Seventh: Number of	Treasurer of Shares authorized:	· · · · · · · · · · · · · · · · · · ·	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
2000			#2000
Еібнтн: Number of	Shares issued:	لالألاك	Par Value or statement that
No. of Shares	Class	0 6 7097 Series	shares are without par value
2000	11 (11) 11 (11)		# 2000
Dated 2-11	19 87	(Name of Corporation)	ASSELBAUM, DMID FILE
		By	RAPTO- "HAY DE TON
(Report must be sig	gned by an officer)	Title	Mendout.

Filing Fee \$15.00

in Precion for Manual

AND for Notice to

#### FOR REVOKED CORPORATIONS ONLY

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

consider that Stat	e of Rhode Z	CORPORATIONS		Hantatio	January 1st and March 1st
Corporate ID	25 PROT	270 WESTMINST VIDENCE, RHODE		t for the yea	1985
	the corporation is	PAUL	E APPLE	LBAVA,	DUD, INC.
Second: It is incorp	orated under the	laws of	Phode	ISIA	OFFICE
THIRD: Character of	business, briefly	stated, is	<i>():</i>	( r) tu	OPPICE
FOURTH: If foreign of	corporation, addre	ess of its princip	pal office 156 RIVE	75 W/	AMPANDALT TRAIL
	ress in Rhode Isla				
Sixth: Names and a	ddresses of its dir	ectors and offic		ncluding number,	(Attach rider if necessary)
DA. PAUL APPEL	94U4 D	irector	<u></u>	em	
	D	irector			
	D	irector	,		
	Pı	resident			
<u>!</u>	<sub>/</sub> v	ice President		<i> </i>	
·····	So	ecretary		<b>/</b>	
<u>V</u>	T	reasurer		<u>/</u> :	
SEVENTH: Number of	of Shares authorize	ed:			Par Value or statement that shares are without
No. of Shares	Class		Series		par value
Jeon		12/1			#2000
EIGHTH: Number of	Shares issued:	12/10/86			Par Value
No of Shares	Class	PAID	Series		or statement that shares are without par value
Dated 12-L	19 8		PAUL F.	APPEL	BAUM, DMD, IM
off ich	EL II	:: £ B	Yll	2	Ar I

(Report must be signed by an officer)

Filing Fee \$15.00	. במסרות מווים	<b>√ 1</b> 67 . • <b>√</b>	nar	January 1st and March 1s
Sian O.C.	270 WEST PROVIDENCE: 6	TIONS DIVISION 'MINSTER MALL RHODE ISLAND 02903	~	1900
Corporate ID	\$ \$25	Annual Repo	ort for the year.	16.86
First: The name of	the corporation is	PAUL E AI	PPELBAUM	DIMIZ., INC
	oorated under the laws of			
THIRD: Character of	f business, briefly stated, is	DENT	AL OFF	100
FOURTH: If foreign o	corporation, address of its p	orincipal office		
FIFTH: Business add	ress in Rhode Island	1525 WA		· · · · · · · · · · · · · · · · · · ·
	······	PIVERSIDE	16.2.	03415
Name	addresses of its directors and		(including number, stre	(Attach rider if necessary
P. PAUL APPEL	LBAUM Director	Su	Me	
,	Director		1	
			1	•••••••••••••••••••••••••••••••••••••••
	Director	••••••	······	······································
	President			•••••••••••••••••••••••••••••••••••••••
	Vice Preside	ent		
	Secretary		\\/	
<i></i>	Treasurer		<u> </u>	
SEVENTH: Number o	f Shares authorized:			Par Value
No. of Shares	Class	Senes		or statement that shares are without par value
9 AM				
2000		PAID		7000
Eighth: Number of	Shares issued:	SEP 30 1986		Par Value or statement that
No. of Shares	Class	SEC'Y. OF STAT	<b>c</b>	shares are without par value
2000		, ,	<b>E</b>	# 2000
Dated 9.	76 19 86	PAUL E. APPE (Name of Corporation)	LBAUM, D.	Mir, TIC
<u>ૈંધ</u>	17ENION	Ty //USE	m	
(Report must be sig	ned by an officer)	Fitle	Princelle	ut
Form 31 1785	•		V	******************************

### State of Rhode Island and Providence Plantations office of the secretary of state

			Ann	u <mark>al R</mark> ep	ort for	r the yea	ar 1	.984	
First:	The name of t	he corporatio	on is	Paul E	. Appe	elbaum,	D.M.D.,	Inc	•
						~ · -	, ,	-	
SECOND:	•					Rhode I		•	
Third:	Character of b	ousiness, brie	fly stat	ed, is	Dent	tal Ser	vi.ces	-	
Fourth	: If foreign	corporation,	addres	s of its	princi	pal offic	<sub>20</sub> 3/	Ά	
		_			•	•			
Fifth:	Business addi		e Islan	d (blan	k repo	orts wil	ll be mai	led t	o this
	525 Wampanoag (								
Sixth:	Names and a								
OIXIII.	r	st include stree			<del></del>				
	Name	Office				Addı	ess		
		Director							
		Director							,
Paul E. App	celbaum	Director		9	Eagle	Drive	Sharon,	MA	02067
	ıı	Presiden	t		"	. "		**	n
# H		Vice Pre	sident	. "			n .	H	
Same As Ab	ove	Secretar	y		Samo	a As Ab	ove		
Same As Ab	xove space is needed,	Treasure	er		Same	e As Ab	ove		
SEVENTE	н: Number o	f Shares aut	thorize	d:			Par V		
No. of Sh		Class		Seri	es		or statem shares are par v	e with	
8,000		Common					\$1.	00	
Еіснтн	: Number of	Shares issue	ed:				Par V or statem	ient th	
No. of Sh	ares	Class		Ser	ies		shares are par v		aut
2,000		Common	1				\$1.	00	MA 02067 " " " " " " " " " " " " " " " " " " "
Dated:	1/-7	19 <b>/</b> 3	64 C#	Paul	Ε. Α	ppelbau	m, D.M.D	)., I	nc.
Zaucii.		<b>-</b>	<u> </u>	(Name o	f Corpo	ration	Mh.		
		7	¦SBy .		1	1/20		~	
		$\sim$	Titl			- 111 a	criter	14	
		' )		(Repor	t must	be signe	ed by an o	fficer)	

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

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

First:	The name of th	Ani e corporation is	nual Report I Jau	for the year If liffel	baum D	M.D. A
SECOND:	It is incorpor	ated under the la	ws of	ſi.1.		
THIRD:		siness, briefly sta		DENTIS	1	
Fourth:	If foreign co	orporation, addre	ss of its prin	cipal office		
•						
FIFTH:		ss in Rhode Islan		-		this
dress)	1525 W	impanied The	livius	de Pis	7415	***
Sixth:	Names and add	dresses of its dire	ectors and o	fficers:		
	(Addresses must	t include street and r	number, if any)	]		
1 661	Name . VV. Cum	Office	( )	Address		
icus 1. leg	pelbaum, bum	Director	Jun	L.		
		Director				
	! !	Director		1		
	1	President				
		Vice President	; <i>t</i>	$\langle 1 \rangle$		
		Secretary		A		
(If additional	space is needed, a	Treasurer ttach rider)		•		•
Seventi	i: Number of	Shares authorize	ed:	to r	Par Value statement the	n t
No. of Sh	ares	Class	Series		res are witho par value	
J. 98	n	? Cheth with Church it	Angell f	W. RI	#	
Еіснти	: Number of :	Shares issued:	MAR	21 1383	Par Value	
No. of Sh		Class	Series		statement thares are without par value	
ated:	2/w	3 24 83 7 806A 14 · · ·		Wation)  Dr  ist be signed b	y an officer)	
			ed office and			——