



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 OR PRINTED IN BLACK)

1. Corporate ID No. 825		2. Name of Corporation PAUL E. APPELBAUM, D.M.D., INC.			
3. Street Address Principal Business Office 1445 WAMPANOAG TRAIL		City RIVERSIDE		State RI	Zip 02915
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL E. APPELBAUM, D.M.D.			Vice President Name PAUL E. APPELBAUM, D.M.D.		
Street Address 1445 WAMPANOAG TRAIL			Street Address SAME		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name PAUL E. APPELBAUM, D.M.D.			Treasurer Name PAUL E. APPELBAUM, D.M.D.		
Street Address SAME			Street Address SAME		
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 PAUL E. APPELBAUM, D.M.D.			Director Name		
Street Address 1445 WAMPANOAG TRAIL			Street Address		
City RIVERSIDE	State RI	Zip 02915	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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE	2000	COMMON	\$1.00

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



File Date 2-14-05
Check No. 1090
By: KB

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 PAUL APPELBAUM Date 2/6/05

Print or Type Name of Officer PAUL APPELBAUM

Title of Officer President



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 825		2. Name of Corporation PAUL E. APPELBAUM, D.M.D., INC.		
3. Street Address Principal Business Office 1445 WAMPANOAG TRAIL		City RIVERSIDE	State RI	Zip 02915
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name PAUL E. APPELBAUM, D.M.D.		Vice President Name PAUL E. APPELBAUM, D.M.D.		
Street Address 1445 WAMPANOAG TRAIL		Street Address SAME		
City RIVERSIDE	State RI	Zip 02915	City	State
Secretary Name PAUL E. APPELBAUM, D.M.D.		Treasurer Name PAUL E. APPELBAUM, D.M.D.		
Street Address SAME		Street Address		
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 PAUL E. APPELBAUM, D.M.D.		Director Name		
Street Address 1445 WAMPANOAG TRAIL		Street Address		
City RIVERSIDE	State RI	Zip 02915	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
8,000 \$1.00 PAR VALUE			2000	COMMON

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



* 8 2 5 *

File Date	1-29-04
Check No.	8404
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.

Signature of Officer

PAUL E. APPELBAUM, DMD.

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **825** 2. Name of Corporation **PAUL E. APPELBAUM, D.M.D., INC.**
3. Street Address Principal Business Office **1445 WAMPANOAG TRAIL** City **RIVERSIDE** State **RI** Zip **02915**
4. Business Phone No. **433-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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				Vice President Name			
PAUL E. APPELBAUM, DMD				PAUL E. APPELBAUM			
Street Address				Street Address			
1445 WAMPANOAG TRAIL				SAME			
City	State	Zip		City	State	Zip	
RIVERSIDE	RI	02915					
Secretary Name				Treasurer Name			
PAUL E. APPELBAUM, DMD				PAUL E. APPELBAUM, DMD			
Street Address				Street Address			
SAME				SAME			
City	State	Zip		City	State	Zip	

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

Director Name				Director Name			
PAUL E. APPELBAUM, DMD							
Street Address				Street Address			
1445 WAMPANOAG TRAIL							
City	State	Zip		City	State	Zip	
RIVERSIDE	RI	02915					
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
8,000	\$1.00 PAR VALUE	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
2000	COMMON	\$1.00

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



* 8 2 5 *

File Date: 2/19/03

Check No: 7969

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 2/14/03

PAUL E. APPELBAUM, DMD

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/02



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **825** 2. Name of Corporation **PAUL E. APPELBAUM, D.M.D., INC.**
3. Street Address Principal Business Office City State Zip
1445 Wampanoag Trail **Riverside** **RI** **02915**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
433-2400 **RHODE ISLAND** **9233**

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 **APPELBAUM** Vice President Name **APPELBAUM**
Paul E. Applebaum, DMD **Paul E. Applebaum, DMD**
Street Address Same
1445 Wampanoag Trail
City State Zip City State Zip
Riverside RI 02915

Secretary Name Treasurer Name
Paul E. Applebaum, DMD **Paul E. Applebaum, DMD**
Street Address Same
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 **PAUL E. APPELBAUM** Director Name
Street Address **1445 WAMPANOAG TRAIL** Street Address
City **RIVERSIDE RI 02915** 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
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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 *

File Date: **2-4-02**

Check No.: **3075**

By: **2**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Date

Paul E. Applebaum, DMD

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **825** 2. Name of Corporation **PAUL E. APPELBAUM, D.M.D., INC.**
3. Street Address Principal Business Office **1445 WAMPANOUAG TRAIL** City **Riverside** State **RI** Zip **02915**
4. Business Phone No. **1525 Wampanoug Trail** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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 ATTACHMENTS

President Name Paul E. Appelbaum, D.M.D. Street Address 1445 WAMPANOUAG TRAIL 1525 Wampanoug Trail City Riverside State RI Zip 02915	Vice President Name Paul E. Appelbaum, D.M.D. Street Address same City Riverside State RI Zip 02915
Secretary Name Paul E. Appelbaum, D.M.D. Street Address same City Riverside State RI Zip 02915	Treasurer Name Paul E. Appelbaum, D.M.D. Street Address same City Riverside State RI Zip 02915

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

Director Name Street Address City State Zip	Director Name Street Address 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
8,000	\$1.00	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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 *

File Date: **6/29/01**

Check No.: **1761**

By: **COM**

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 **PAUL E. APPELBAUM** Date **3/2/01**
Print or Type Name of Officer
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 825 2. Name of Corporation PAUL E. APPELBAUM, D.M.D., INC.
3. Street Address Principal Business Office City State Zip
1445 Wampanoag Trail E. Prov. RI 02914
4. Business Phone No. 433-2400 5. State of Incorporation Rhode Island 6. SIC Code 9233

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)

President Name			Vice President Name		
Paul E. Appelbaum			Paul E. Appelbaum		
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		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8.000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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

File Date: 3/20/00

Check No.: 1359

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

Paul E. Appelbaum, DMD.

Print or Type Name of Officer

Title of Officer

Date

3/1/00



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 02903-1333
401-222-3044

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. **825** 2. Name of Corporation **PAUL E. APPELBAUM, D.M.D., INC.**

3. Street Address Principal Business Office **1445 Wampanoag Trail** City **East Prov** State **RI** Zip **02914**
4. Business Phone No. **433-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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 ATTACHMENTS

President Name Paul E. Appelbaum	Vice President Name Paul E. Appelbaum
Street Address 1445 Wampanoag Trail	Street Address 1445 Wampanoag Trail
City E. Prov State RI Zip 02914	City E. Prov State RI Zip 02914
Secretary Name Paul E. Appelbaum	Treasurer Name Paul E. Appelbaum
Street Address same	Street Address same
City State Zip 	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip 	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip 	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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 *

File Date: March 4, 99
Check No.: 9254
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 2/1/99
Paul E. Appelbaum, DMD
Print or Type Name of Officer
Title of Officer [Signature]



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **825** 2. Name of Corporation **PAUL E. APPELBAUM, D.M.D., INC.**
3. Street Address Principal Business Office **1445 Wampanoag Trail** City **East Prov** State **RI** Zip **02914**
4. Business Phone No. **433-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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)

President Name Paul E. Appelbaum	Vice President Name Paul E. Appelbaum
Street Address 1445 Wampanoag Trail	Street Address same
City E. Prov State RI Zip 02914	City same State Zip
Secretary Name Paul E. Appelbaum	Treasurer Name Paul E. Appelbaum
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



File Date: **4-10-98**

Check No.: **8397**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer **Paul Appelbaum** Date **3/17/98**
Print or Type Name of Officer **PAUL APPELBAUM DMD**
Title of Officer **President**



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

825

PAUL E. APPELBAUM, D.M.D., INC.

3. Street Address Principal Business Office

1445 Wampanoag Trail

City

East Prov

State

RI

Zip

02914

4. Business Phone No.

433-2400

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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)

President Name

PAUL E. APPELBAUM

Vice President Name

PAUL E. APPELBAUM

Street Address

1445 Wampanoag Trail

Street Address

same

City

State

Zip

E. Prov

RI

02914

City

State

Zip

Secretary Name

PAUL E. APPELBAUM

Treasurer Name

PAUL E. APPELBAUM

Street Address

same

Street Address

same

City

State

Zip

City

State

Zip

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8000 SHS \$1.00 PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

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 *

File Date: 3/3/97

Check No.: 7189

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

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.

1. CORPORATE ID NO. 2. NAME OF CORPORATION

825 PAUL E. APPELBAUM, D.M.D., INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

1445 Wampanoag Trail

E. Providence

RI

02915

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

433-2400

RHODE ISLAND

9233

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

A Dental Office

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

PAUL E. APPLEBAUM

PAUL E. APPLEBAUM

STREET ADDRESS

STREET ADDRESS

1445 Wampanoag Trail

same

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

E. Prov

RI

02915

SECRETARY NAME

TREASURER NAME

PAUL E. APPLEBAUM

PAUL E. APPLEBAUM

STREET ADDRESS

STREET ADDRESS

SAME

SAME

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

8000 SHS \$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

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:

Signature of Officer

PAUL E. APPLEBAUM

Print or Type Name of Officer

PRESIDENT

Title of Officer

For Secretary of State Use Only

Date

4/2/96
6056

cc: / up

2-26-96

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: 0000885 Annual Report for the year: 1995

Name of Corporation: PAUL E. APPELBAUM, D.M.D., INC.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

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

a Dental Office

Phone: ()

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

1445 Wampanoag Trail
East Providence, RI 02915

Phone: (401) 433-2400

THE NAMES OF THE OFFICERS ARE:

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

Paul E. Appelbaum	1445 Wampanoag Trail, E. Prov., RI	02915	
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VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

Paul E. Appelbaum	same		
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SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Paul E. Appelbaum	same		
-------------------	------	--	--

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
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Paul E. Appelbaum	same		
-------------------	------	--	--

THE NAMES OF THE DIRECTORS ARE:

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

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

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

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
-----------------------------------------------------	--	-----------------------------------------------------------------	--

Number of Shares	Class / Series	Number of Shares	Class / Series
------------------	----------------	------------------	----------------

8000	Common		
------	--------	--	--

Date 2-2 19 95 By: Paul E. Appelbaum

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

SETH ADAM PERLMUTTER
949 PARK AVENUE
CRANSTON RI 02910

FILED

MAR 03 1995

By CL# 4766

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT *CA#3464 mac*
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
64303
17992
73019
825
1994

Corporate ID: 0000825 Annual Report for the year: 1994
PAUL E. APPELEBAUM, D.M.D., INC.

Name of Business Entity: _____
Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: [REDACTED]
For foreign entity, address and telephone number of principal office:

Phone: () _____
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1445 Wampanoag Trail
East Providence, RI 02915
Phone: *HQ 433-2400*

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:
Paul E. Appelbaum, President
1445 Wampanoag Trail
East Providence, RI 02915
Brief statement of the character of business conducted in Rhode Island:
A dental office
Date of Organization: 8/31/82
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
PAUL E. APPELBAUM	1445 Wampanoag Trail, E. Prov., RI	02915	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
PAUL E. APPELBAUM	same as above		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
PAUL E. APPELBAUM	same as above		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
PAUL E. APPELBAUM	same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 8000	NUMBER
CLASS common	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR \$1.00 par value	PAR VALUE OR WITHOUT PAR

2-14 *94* *Paul E. Appelbaum*

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 0000825 Annual Report for the year 1993

FIRST: The name of the corporation is PAUL E. APPELBAUM, D.M.D., INC.

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

THIRD: Character of business, briefly stated, is a dental office

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1445 Wampanoag Trail, East Providence,
Rhode Island, 02915

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

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

	Director	
	Director	
	Director	
Paul E. Appelbaum	President	1445 Wampanoag Trail, E.P., RI 02915
Paul E. Appelbaum	Vice President	same as above
Paul E. Appelbaum	Secretary	same as above
Paul E. Appelbaum	Treasurer	same as above

SEVENTH: Number of Shares authorized: 7000

No. of Shares Class Series

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued:

No. of Shares Class Series

Par Value
or statement that
shares are without
par value

Dated 2/17 19 93

PAUL E. APPELBAUM, D.M.D., INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee ~~XXXX~~ 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

SM# 8775

Corporate ID 825 Annual Report for the year 1992

FIRST: The name of the corporation is PAUL E. APPELBAUM, D.M.D., INC.

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

THIRD: Character of business, briefly stated, is a dental office

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

FIFTH: Business address in Rhode Island 1445 Wampanoag Trail, East Providence,
Rhode Island 02915

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

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Paul E. Appelbaum	President	1445 Wampanoag Trail, E.P., RI 02915
Paul E. Appelbaum	Vice President	SAME AS ABOVE
Paul E. Appelbaum	Secretary	SAME AS ABOVE
Paul e. Appelbaum	Treasurer	SAME AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares 2000 Class

Series
PAID

Par Value
or statement that
shares are without
par value

MAR 02 1992

EIGHTH: Number of Shares issued:

No. of Shares Class

SECY OF STATE

Series

Par Value
or statement that
shares are without
par value

Dated 1/27 19 92

(Report must be signed by an officer)

PAUL E. APPELBAUM, D.M.D., INC.

(Name of Corporation)

By [Signature]

Title President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 825 Annual Report for the year 1991

FIRST: The name of the corporation is PAUL E. APPELBAUM, D.M.D., INC.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND

THIRD: Character of business, briefly stated, is a dental office

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1445 Wampanoag Trail, East Providence, RI 02915

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
PAUL E. APPELBAUM	President	1445 Wampanoag Trail, E.Prov., RI 02915
PAUL E. APPELBAUM	Vice President	SAME AS ABOVE
PAUL E. APPELBAUM	Secretary	SAME AS ABOVE
PAUL E. APPELBAUM	Treasurer	SAME AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common		without par value

Dated February 20, 19 91

PAUL E. APPELBAUM, D.M.D., INC.

(Name of Corporation)

By

(Report must be signed by an officer)

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
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000825

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 Rhode Island

THIRD: Character of business, briefly stated, is DENTAL OFFICE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1445 WAMPANAG TRAIL
EAST PROVIDENCE, RI 02915

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

Name	Office	Address (including number, street, zip code)
DR. PAUL APPELBAUM	Director	Same
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

\$ 2000

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

\$ 2000

Dated 2-10 1990

PAID
FEB 21
SEC'y. OF STATE
PAID
FEB 21 1990
SEC'y. OF STATE
Paul E. Appelbaum, D.M.D., Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

jm
1989

Corporate ID 0000825

Annual Report for the year
PAUL E. APPELBAUM, D.M.D., INC.

FIRST: The name of the corporation is

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is DENTAL OFFICE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1445 WAMPANOAG TRAIL (altw address)
EAST PROVIDENCE, R.I. 02915

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

Name	Office	Address (including number, street, zip code)
DR. PAUL APPELBAUM	Director	same
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000			2000

EIGHTH: Number of Shares issued:

Shares	Class	Series	Par Value or statement that shares are without par value
900			2000

1-30 19 89

PAID
JAN 31 1989
SECRETARY OF STATE

PAUL E. APPELBAUM, D.M.D., INC.
(Name of Corporation)

By *PAE*

Title President

Must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 825 Annual Report for the year 1988

FIRST: The name of the corporation is PAUL E. APPELBAUM, D.M.D., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is DENTAL OFFICE

FOURTH: If foreign corporation, address of its principal office 1525 WAMPANUCKET TRAIL
RIVERSIDE, RI 02915

FIFTH: Business address in Rhode Island

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

Name	Office	Address (including number, street, zip code)
<u>DR. PAUL APPELBAUM</u>	<u>Director</u>	<u>Same</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized: **ENTERED JUL 1 8 1988**

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2000</u>			<u>\$2000</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2000</u>			<u>\$2000</u>

Dated 2-23 19 88

PAUL E. APPELBAUM, D.M.D., INC.
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 825Annual Report for the year 1987FIRST: The name of the corporation is PAUL E. APPELBAUM, D.M.D., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is DENTAL OFFICE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1525 WAMPANOA TRAIL
RIVERSIDE, R.I. 02915

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

DR. PAUL APPELBAUM

Director

Same

Director

Director

President

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value2000\$2000

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value2000\$2000Dated 2-11 19 87

(Name of Corporation)

By PAUL E. APPELBAUM, D.M.D., INC.Title President

(Report must be signed by an officer)

Filing Fee \$15.00

FOR REVOKED CORPORATIONS ONLY

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

Annual Report for the year

FIRST: The name of the corporation is

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

DR. PAUL APPELBAUM

Director

Same

Director

Director

President

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

12/10/86

PAID

ANRE
CHEK
0374A001

\$2000

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

\$12000

Dated

12-4

19 86

DEC 12 REC'D

(Report must be signed by an officer)

(Name of Corporation)

PAUL E. APPELBAUM, DMD, INC.

\$5.00
15.00

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

1985

Corporate ID ~~05-6748~~ # 825

Annual Report for the year ~~1984~~

FIRST: The name of the corporation is PAUL E. APPELBAUM, D.M.D., INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is DENTAL OFFICE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1525 WAMPOAG TRAIL

RIVERSIDE, R.I. 02415

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

DR. PAUL APPELBAUM

Director

SAME

Director

Director

President

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

PAID

\$2000

EIGHTH: Number of Shares issued:

No. of Shares

Class

SECY. OF STATE

Par Value
or statement that
shares are without
par value

2000

\$2000

Dated 9-26 19 86

PAUL E. APPELBAUM, D.M.D., INC
(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing fee: \$15.00

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

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

Annual Report for the year 1984

FIRST: The name of the corporation is Paul E. Appelbaum, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental Services

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

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1525 Wampanoag Trail, Riverside, Rhode Island 02915

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
Paul E. Appelbaum	Director	9 Eagle Drive Sharon, MA 02067
" " "	President	" " " " " "
" " "	Vice President	" " " " " "
Same As Above	Secretary	Same As Above
Same As Above	Treasurer	Same As Above

(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
8,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	1	\$1.00

Dated:

11-7

1983

Paul E. Appelbaum, 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

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

Annual Report for the year ¹⁹⁸³

FIRST: The name of the corporation is

Paul E. Appelbaum, D.M.D., Inc.

SECOND: It is incorporated under the laws of

R.I.

THIRD: Character of business, briefly stated, is

DENTIST

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) *1525 Wampanoag Tr. Narragansett RI 02882*

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
<i>Paul E. Appelbaum, D.M.D.</i>	Director	<i>Same</i>
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

(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

2000

*? Check with ATTORNEY
Charles H. Angell Prov. RI*

#1

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated:

2/20

19

83

3
248
806A14
11-82

Paul Appelbaum, D.M.D.
(Name of Corporation)
[Signature]
Title
D.M.D.

(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