

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

Corporations Divistor 100 North Main Street Providence, RI (13908 1335 401,222 3040

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

PROFIT CORPO	RATION A	NNUAL REPOR	T FOR THE YE	<b>AR</b> 200	05			
Filing Period: January 1 - I (FORM MUST BE TYPED OR PRI	March I • I	Filing Fee: \$50.00		<del></del>		  -  -		
1. Согропие ID No. 109930	2. Name of Corporation Denise M. Goodman DMD, Inc.							
3. Street Address Principal Business		<del></del>	City	State	Zip			
690 Sherman F	arm Road		Harrisville	RI	02830			
4 Business Phone No.		5. State of Incorporation	1		6. SIC Code	11:11		
401 – 568 – 3300  7. Brief Description of the Characte		RHODE ISLAND	<u> </u>		9233	<u> </u>		
TO ENGAGE IN THE GI					<u>.j.</u> j			
8. NAMES AND ADDRESSE President Name	S OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) [] FULL II	N SPACES BEFORE USI	NG ATTACHMENTS			
Denise M. Go	odman		Denise M. Goodman					
Street Address			Sircet Address					
690 Sherman		· · · · · ·	same					
City Hommious 110	State RI	<sup>Ζίρ</sup>  02830	<i>City</i> same	State	Zip			
Harrisville Secretary Name	TuT	102030	Treasurer Name			.h.i		
Denise M. Go	odman	•			. اأ.			
Sinvi Address	<del>,                                    </del>		Street Address		11:111			
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City	State	Zip	City	State	Zip	1 !		
A - 1/4.420 4.20 4.20 2.20			: :	IN CRACES PERCHE III	CINC ATTACHMENTS			
9. NAMES AND ADDRESSE Director Name	S OF THE DIREC	TORS: ( X BOX FOR A	Director Name	IN SPACES BEFORE U	SING ATTACHMENTS	;		
Sirvet Address			Street Address		. i			
City	State	Zip	Cliv	State	2ιρ			
Director Name		·	Director Name					
Street Address			Street Address		Į į			
City	State	Zip	City	State	Zip	İ		
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	<u>.</u>		
100 NO PAR VALUE		<del></del>	NONE		1	 <del>                                    </del>		
					i			
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assi	stant Secretary, Treasure	r. Receiver or Trustee			
( I <b>I II</b> II					.			
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<b>₹   ■ ■  </b>	## 15### ##### 1#31## \$1			perjury, I declare and affirm				
0 /		<del></del>		ompanying schedules and s are true and correct.	reatements, and that all states	ileineili		
File Date	-05		Deniel	m Mars	1/21/15	1		
File Date	22//	<del></del>	Signature of Office	,	Dail'	++ ++		
Check No.				<i>/</i>	<u>.</u>  ,			
	a.		<u>Denise</u> Print or Type Nam		<u></u>	╫╌┼		
Ву:	سر		Preside			$\  \cdot \ $		
FOR SECRETARY OF STATE USE ONLY			Title of Officer					



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

401.222.3040

			RT FOR THE YEA	R20	04			
Filing Period: January 1 - / (FORM MUST BE TYPED OR PRI		ing Fee: \$50.00		•				
1. Corporate ID No.	2. Name of Corporati	lost						
109930		odman DMD, Inc.		· ·	. <u> </u>			
3. Street Address Principal Business			Clly	State	<i>Ζί</i> ρ			
690 Sherman F	arm Road	<del>,</del>	Harrisville	R.I.	02830			
4. Business Phone No.		5. State of Incorporation	on .		6. SIC Code			
401-568-3300		RHODE ISLAN	<u></u>		9233			
7. Brief Description of the Chamcie TO ENGAGE IN THE GI								
8. NAMES AND ADDRESSE	C OF THE OFFICE	OC. (#V" POV FOR 41	TACHUENT) — EILLING	SPACES BEFORE USI	NG ATTACHMENTS			
President Name	3 OF THE OFFICER	is. ( A BOATORA	Vice President Name	TROES BUT ONE COL	ind hi inclinization			
			•	•				
Denise M. G Street Address	iondman		Denise M. Goo	<u>loman</u>	<del></del>			
690 Sherman	Farm Road		same					
City	State	Zip	City	State	Zip			
Harrisville	I	02830	same					
Secretary Name			Treasurer Name		<b>.</b>			
Denise M. G	Goodman		•					
Street Address		<del></del>	Street Address		<del></del>			
City	State	Zíp	City	State	Zip			
	1							
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS: ("X" BOX FOR		SPACES BEFORE U	SING ATTACHMENTS			
Director Name			Director Name					
Frank Addings	····		Sircet Address					
Street Address			Street Address					
City	State	Ζφ	City	State	Zip			
City	Jime	Ι.Ψ	C.I.y	J. J. L.	24			
Director Name	L		Director Name	l				
isinceris traine								
Sincet Address			Street Address		<u> </u>			
City	State	Zip	City	State	Zφ			
10. SHARES AUTHORIZED	("X" BOX FOR A	TTACHMENT) 🔲	11. SHARES ISSUED (	"X" BOX FOR ATTAC	CHMENT)			
AUTHORIZED SHARES			ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
444 444 545 444 445								
100 NO PAR VALUE			None					
			l					
This report must be	signed in ink by e	ither the President, Vic	ce President, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Trustee			
				•				
			Under penalty of per	jury, I declare and affirm	n that I have examined this re			
<u> </u>	10003	<u>0</u> _*	including any accom	panying schedules and	statements, and that all stater			
1 2	- 1	•	contained herein are	true and correct.				
File Date	-04	_	Jones 1	a ffan				
	\		Signature of Officer	/	. Date			
Check No.		_	<b>n</b> :	Canada				
			<u> </u>	_ <u>ьоодмал                                    </u>	<u> </u>			
Ву:		-	President					
FOR SECRETARY OF S	STATE USE ONLY		- 176370611	<del></del>				

Title of Officer

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

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

IFORM MUST BE TYPED OR PRINT	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
109930	Denise M. C	Boodman DMD, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
690 Sherman Fa	arm Road	5. State of Incorporat	Harrisville <sup>ion</sup>	R.I.	-02830 6. SIC Code
401-568-3300 7. Brief Description of the Character	of Business Conducted i	RHODE ISLA	AND		· 9233
To engage i 8. NAMES AND ADDRES: President Name	_	•	of dentistry TACHMENT) FILLIN SPACES : Vice President Name	BEFORE USING ATTA	CHMENTS
Denise M. G Street Address	oodman		Denise M. Goo Street Address	dman	
690 Sherman	Farm Road		same		
City	State	Zip	City	State	Zip
Harrisville Secretary Name	R.I.	02830	SƏME Treasurer Name		
Denise M. G Street Address	oodman		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			None		

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

	* 1 0 9 9 3 0 *
File Date: .	<u> 2.11.03</u>
Check No.:	<u>88S</u>
By:	ETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm th	at I have examined
this report, including any accompanying schedu	les and statements, and
that all statements contained herein are true and	d correct.
Musi My Com	2-10-03
Signature of Officer	Date
President Denise M 60001111	N
Print or Type Name of Officer	
Presinent	
Title of Officer	Form 630 12/02
	10.01 (70 /2/02

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

## 2002

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PLEASI INSTRU	CTIONS

Filing Period: January		Filing Fee: \$50.0		, 1EAR	The last
(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
109930	Denise M. G	oodman DMD, Inc.			
3. Street Address Principal Business			City	State	ZIp
690 Sherman F	arm Road		Harrisville	RI	02830
4. Business Phone No.		S. State of Incorporat			6. SIC Code <b>9233</b>
401 568 – 3300  7. Brief Description of the Characte	er of Business Conducted I	RHODE ISLA	ANU		3200
To engage in			f denistry		
	<del>-</del>		TACHMENT) FILL IN SPACES E  Vice President Name	BEFORE USING ATTA	CHMENTS
Denise M. Goo	dman		Denise M. Go Street Address	oodman	
690 Sherman F	arm Road		same		
Harrisville	State RI	<sup>zip</sup> 02830	City	State	Zip
Secretary Name			Treasurer Name		
Denise M. Goo Street Address	dman		Street Address		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRES  Director Name  None	SSES OF THE DIRI	CTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
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	ED (*X* BOX FOR ATT.	ACHMENT) .	11. SHARES ISSUED (*)	K" BOX FOR ATTACHME!	VT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		

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



2-25-02

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

Denise M. Goodman

Print or Type Name of Officer

President

Title of Officer



Form 630 12/01

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

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(FORM MUST BE TYPED IN BLACK)

t.	Corporate	ID No.	
	•	100070	

2. Name of Corporation

Denise M. Goodman DMD, Inc.

3. Street Address Principal Business Office

State

Zip

690 Sherman Farm Road 4. Business Phone No.

5. State of Incorporation

RI

02830 6. SIC Code

401-568-3300

RHODE ÍSLAND

9233

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the general practice of dentistry

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

Denise M. Goodman

Denise M. Goodman

Street Address

Secretary Name

Street Addréss

CIty

City

City

690 Sherman Farm Road

Street Address

Harrisville

same

State

Zip

Harrisville

RI

State

02830

Treasurer Name

Denise M. Goodman

Denise M. Goodman

Street Address

same

same

State

ZIp

City

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

Director Name

Director Name

NONE

Street Address

State

Zip

Street Address

Street Address

State

Zip

Director Name

Director Name

Street Address

City

State

Zip

City

City

State

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

2.10

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

AUTHORIZED SHARES

100 NO PAR VALUE

Number of Shares

Class/Series

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



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.

Denise M. <u>Goodman</u> Print or Type Name of Officer

<u>President</u> Title of Officer