



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 02903-1334
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. 109930		2. Name of Corporation Denise M. Goodman DMD, Inc.			
3. Street Address Principal Business Office 690 Sherman Farm Road			City Harrisville	State RI	Zip 02830
4. Business Phone No. 401-568-3300		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Denise M. Goodman			Vice President Name Denise M. Goodman		
Street Address 690 Sherman Farm Road			Street Address same		
City Harrisville	State RI	Zip 02830	City same	State	Zip
Secretary Name Denise M. Goodman			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) <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
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



File Date	2-1-05
Check No.	1334
By:	<u>De</u>
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. Goodman 1/21/05
Signature of Officer Date

Denise M. Goodman

Print or Type Name of Officer

President

Title of Officer

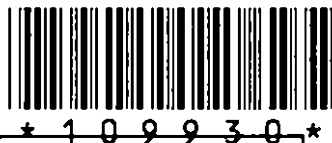
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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President Name Denise M. Goodman			Vice President Name Denise M. Goodman		
Street Address 690 Sherman Farm Road			Street Address same		
City Harrisville	State R.I.	Zip 02830	City same	State	Zip
Secretary Name Denise M. Goodman			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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 1-26-04
Check No. 109
By: E

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 Denise M. Goodman Date

Denise M. Goodman
Print or Type Name of Officer

President

Title of Officer



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.

109930

2. Name of Corporation

Denise M. Goodman DMD, Inc.

3. Street Address Principal Business Office

690 Sherman Farm Road

City

Harrisville

State

R.I.

Zip

-02830

4. Business Phone No.

401-568-3300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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**

President Name

Denise M. Goodman

Vice President Name

Denise M. Goodman

Street Address

690 Sherman Farm Road

Street Address

same

City

Harrisville R.I.

Zip

02830

City

State

Zip

same

Secretary Name

Denise M. Goodman

Treasurer Name

Street Address

Street Address

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

None

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

100 NO 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



* 1 0 9 9 3 0 *

File Date: 2.11.03

Check No.: 885

By: 1UP

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 Goodman 2-10-03
Signature of Officer Date

President DENISE M GOODMAN

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.

109930

2. Name of Corporation

Denise M. Goodman DMD, Inc.

3. Street Address Principal Business Office

690 Sherman Farm Road

City

Harrisville

State

RI

Zip

02830

4. Business Phone No.

401 568-3300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

To engage in the general practice of denistry

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

President Name

Denise M. Goodman

Vice President Name

Denise M. Goodman

Street Address

690 Sherman Farm Road

Street Address

same

City Harrisville State RI Zip 02830

City State Zip

Secretary Name

Denise M. Goodman

Treasurer Name

Street Address

Street Address

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

None

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

100 NO PAR VALUE

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

ISSUED SHARES

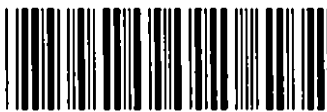
Number of Shares

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



* 1 0 9 9 3 0 *

File Date: 2-25-02

Check No.: 639

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.

Denise M. Goodman 2-22-02
Signature of Officer Date

Denise M. Goodman

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. **109930** 2. Name of Corporation **Denise M. Goodman DMD, Inc.**
3. Street Address Principal Business Office City State Zip
690 Sherman Farm Road Harrisville RI 02830
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-568-3300 RHODE ISLAND 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**

President Name	Vice President Name
Denise M. Goodman	Denise M. Goodman
Street Address	Street Address
690 Sherman Farm Road	same
City State Zip	City State Zip
Harrisville RI 02830	
Secretary Name	Treasurer Name
Denise M. Goodman	Denise M. Goodman
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
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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO 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



* 1 0 9 9 3 0 *

FILED

File Date: FEB 05 2001
Check No.: By CA 364
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.

Denise M. Goodman 1-27-01
Signature of Officer Date
Denise M. Goodman
Print or Type Name of Officer
President
Title of Officer