



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 02903-133
401.222.3041

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 12431		2. Name of Corporation East Greenwich Dental Associates, Inc.			
3. Street Address Principal Business Office 4575 POST ROAD		City E. GREENWICH		State RI	Zip 02818
4. Business Phone No. (401) 884-6262		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island DENTISTRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL F. KIRK DDS -			Vice President Name MICHAEL HARRIS DDS		
Street Address 4496 POST RD. UNIT 2.			Street Address 88 HONEY CASE LN.		
City WARREN	State RI	Zip 02818	City WARFIELD	State RI	Zip 02879
Secretary Name			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 SAME			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
40,000 COMM \$1.00 PAR VALUE			10,000	Comm	\$ 1.00

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



File Date	1/5/05
Check No.	000333
By:	lb

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 F. KIRK DDS
Print or Type Name 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 02903-1313
401.222.3000

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. 12431		2. Name of Corporation East Greenwich Dental Associates, Inc.			
3. Street Address Principal Business Office 4575 Post Rd		City E. GREENWICH		State RI	Zip 02818
4. Business Phone No. 401-884-6262		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul F Kirk DDS			Vice President Name Michael Harris DDS		
Street Address 4496 Post Rd Unit #2			Street Address 88 Henry Case Way		
City Warrick	State RI	Zip 02818	City Wakefield	State RI	Zip 02879
Secretary Name			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 None			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) <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
40,000 COMM \$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



* 1 2 4 3 1 *

File Date 4/13/04
Check No. 020201
By: W.

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 Michael Harris DDS 2/10/05
Date
Print or Type Name of Officer
Vice President



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 02903-1331
401-222-3041

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.

12431

2. Name of Corporation

East Greenwich Dental Associates, Inc.

3. Street Address Principal Business Office

4575 POST RD

City EAST

State

Zip

GREENWICH

R.I.

02818

4. Business Phone No.

401-884-6262

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

DR. PAUL F. KIRK

Vice President Name

DR. MICHAEL HARRIS

Street Address

4496 POST RD UNIT #2

Street Address

88 HENRY CASE WAY

City

State

Zip

WARWICK R.I. 02818

City

State

Zip

WAKEFIELD R.I. 02879

Secretary Name

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

Director Name

Street Address

NONE

Street Address

NONE

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

40,000 COMM \$1.00 PAR VALUE

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 2 4 3 1 *

File Date:

1-27-03

Check No.:

20043

By:

UP

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.

Paul F. Kirk

Signature of Officer

1/19/03

Date

PAUL F. KIRK

Print or Type Name of Officer

PAUL F. KIRK



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. 12431 2. Name of Corporation East Greenwich Dental Associates, Inc.
3. Street Address Principal Business Office 4575 Post Road City East Greenwich State RI Zip 02818
4. Business Phone No. 401-884-6262 5. State of Incorporation RHODE ISLAND 6. SIC Code 9233

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

Dental Practice

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

President Name <u>DR. PAUL KIRK</u> Street Address <u>4575 Post Rd.</u> City <u>E. GREENWICH</u> State <u>RI</u> Zip <u>02818</u> Secretary Name <u>NONE.</u> Street Address <u>NONE.</u> City <u>E. GREENWICH</u> State <u>RI</u> Zip <u>02818</u>	Vice President Name <u>DR. MICHAEL HARRIS</u> Street Address <u>4575 Post Rd.</u> City <u>E. GREENWICH</u> State <u>RI</u> Zip <u>02818</u> Treasurer Name <u>NONE</u> Street Address <u>NONE</u> City <u>E. GREENWICH</u> State <u>RI</u> Zip <u>02818</u>
--	--

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

Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>N</u> State <u>RI</u> Zip <u>02818</u> Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>NONE</u> State <u>RI</u> Zip <u>02818</u>	Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>NONE</u> State <u>RI</u> Zip <u>02818</u> Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>NONE</u> State <u>RI</u> Zip <u>02818</u>
---	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>40,000 COMM</u>	<u>\$1.00</u>	<u>PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>NONE</u>		

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



* 1 2 4 3 1 *

File Date: 2-13-02
Check No.: 019878
By: KML

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.

Paul F. Kirk DOS 1-24-02
Signature of Officer Date
PAUL F. KIRK DOS
Print or Type Name of Officer



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

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



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. <u>12431</u>		2. Name of Corporation <u>East Greenwich Dental Associates, Inc.</u>	
3. Street Address Principal Business Office <u>4575 POST ROAD</u>		City <u>EAST GREENWICH</u>	State <u>R.I.</u> Zip <u>02818</u>
4. Business Phone No. <u>401-884-6262</u>	5. State of Incorporation <u>RHODE ISLAND</u>		
6. <u>9233</u>			
7. Brief Description of the Character of Business Conducted in Rhode Island <u>DENTAL OFFICE</u>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>DR. PAUL F. KIRK</u>		Vice President Name <u>DR. MICHAEL HARRIS</u>	
Street Address <u>4575 POST ROAD</u>		Street Address <u>4575 POST ROAD</u>	
City <u>EAST</u> State <u>R.I.</u> Zip <u>02818</u>	City <u>EAST</u> State <u>R.I.</u> Zip <u>02818</u>		
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<u>40,000 COMM \$1.00 PAR VALUE</u>		<u>NONE</u>	

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



* 1 2 4 3 1 *

File Date: 1/26

Check No.: 19652

By: 2

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.

Paul F. Kirk DDS 1/17/01
Signature of Officer Date

PAUL F. KIRK DDS
Print or Type Name 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 02903-13
401-222-36



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **12431** 2. Name of Corporation **East Greenwich Dental Associates, Inc.**
3. Street Address Principal Business Office **7575 POST ROAD** City **EAST GREENWICH** State **R.I.** Zip **02818**
4. Business Phone No. **401-884-6262** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

DENTISTRY

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

President Name DR. PAUL KIRK	Vice President Name DR. MICHAEL HARRIS
Street Address 4496 POST RD	Street Address 88 Henry Case way
City WARWICK State R.I. Zip 02818	City S.Kingstown State RI Zip 02879
Secretary Name	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 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
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40,000 COM \$1.00 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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NONE

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



* 1 2 4 3 1 *
PAID

File Date: **JAN 25 2000** **1450**

Check No.: **SEC'Y OF STATE**

By: _____

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.

Paul F. Kirk DDS **12/18/99**
Signature of Officer Date

PAUL F. KIRK DDS
Print or Type Name of Officer

Done - 5/2/00



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 02903-133
401-222-304

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. 12431		2. Name of Corporation East Greenwich Dental Associates, Inc.	
3. Street Address Principal Business Office 4575 Post Road		City East Greenwich	State RI
4. Business Phone No. 401-884-6262		5. State of Incorporation RI	
6. SIC Code 9233			
7. Brief Description of the Character of Business Conducted in Rhode Island Dental Practice			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul F. Kirk		Vice President Name	
Street Address 4496 Post Rd Harborwatch unit 2		Street Address	
City Wawick	State RI	City	State
Zip 02818		Zip	
Secretary Name Michael J. Harris		Treasurer Name Michael J. Harris	
Street Address 88 Henry Case Way		Street Address same	
City So Kingstown	State RI	City	State
Zip 02879		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
40,000	COM	\$1.00	PAR VAL
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
10000	Common	\$1	

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



* 1 2 4 3 1 *

File Date: **Feb 11, 99**

Check No.: **19294**

By: **[Signature]**

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] **2/9/99**
Signature of Officer Date

PAUL F. KIRK DAS
Print or Type Name 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 02903-133
401-277-304



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. 12431		2. Name of Corporation East Greenwich Dental Associates, Inc.	
3. Street Address Principal Business Office 4575 Post Road		City E. Greenwich	State RI
4. Business Phone No. (401) 884-6262		5. State of Incorporation RHODE ISLAND	
6. SIC Code 9233		Zip 02818	
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)			
President Name PAUL F KIRK D.D.S.		Vice President Name MICHAEL J HARRIS D.D.S.	
Street Address 4496 Post Road Unit 2		Street Address 88 Henry Case Way	
City E. Greenwich	State RI	City S. Kingstown	State RI
Zip 02818		Zip 02879	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name same as above		Director Name same as above	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 40,000 COM \$1.00 PAR VAL	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 10,000	Class/Series COM	Par Value \$1 PAR	

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



* 1 2 4 3 1 *

File Date: **1-27-99**
Check No.: **1015**
By: **[Signature]**

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: **1/28/98**
Print or Type Name of Officer: **PAUL F. KIRK DDS**
East Greenwich Dental Associates, Inc.



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 02903-133
401-277-304



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. 1243105-0340284 2. Name of Corporation East Greenwich Dental Associates, Inc.
3. Street Address Principal Business Office 4575 Post Road City East Greenwich State RI Zip 02818
4. Business Phone No. 401-884-6262 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)

President Name Paul KIRK Vice President Name
Street Address 4496 Post RD Unit 2 Street Address
City East Greenwich State RI Zip 02818 City State Zip
Secretary Name
Street Address
City State Zip

Treasurer Name Michael Harris
Street Address 88 Henry Case Way City So. Kingstown State RI Zip 02879
City State Zip

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

Director Name PAUL KIRK Director Name Michael Harris
Street Address Same Street Address same
City State Zip City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
40,000 COM	\$1.00 PAR VAL		10,000	Common	\$1.00

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



* 1 2 4 3 1 *

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: 5/6/97

Check No: 19013

By: CAA

Signature of Officer Paul F. Kirk Date

PAUL F. KIRK

Print or Type Name 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) 277-304

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 12481		2. NAME OF CORPORATION East Greenwich Dental Associates, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 4575 POST RD		CITY WARWICK	STATE RIS
4. BUSINESS PHONE NO. 884-6262		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			
PRESIDENT NAME PAUL KIRK DDS		VICE PRESIDENT NAME Michael Harris	
STREET ADDRESS 4496 POST RD Harbor Watch Unit 2		STREET ADDRESS 88 Henry Case Way	
CITY E Greenwich	STATE RI	CITY S Kingstown	STATE RI
ZIP CODE 02818		ZIP CODE 02879	
SECRETARY NAME		TREASURER NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES
40,000 COM	\$1.00 PAR VAL		10,000
			COM
			\$1 PAR VALUE

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date:

2/16/96

Check No:

018784

CS/1110

Signature of Officer

PAUL F. KIRK D.D.S.
Print or Type Name of Officer

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

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: 0012431 Annual Report for the year: 1995

Name of Corporation: East Greenwich Dental Associates, Inc.

Business entity organized under the laws of the State of: R.I. Business Entity is (check one)

For foreign entity, address and telephone number of principal office: ☐ Business Corporation (See RIGL Chapter 7-1.1)☒ Professional Service Corporation (See RIGL Chapter 7-5.4)

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

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

4575 POST ROAD
EAST GREENWICH R.I. 02818

Phone: (401) 884-6262

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE R.I. ZIP CODE

DR. PAUL KIRK 4575 POST ROAD E. GREENWICH 02818

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

DR. MICHAEL HARRIS SAME R.I. 02818

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

SAME R.I. 02818

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 Class / Series

40,000 shares (Common)

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

Number of Shares Class / Series (Common)

40,000 shares issued to each of 20,000 officers

Date 2/1, 1995

By: Paul F. Kirk DDS

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING President

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.

GORDON M. MORGAN
4575 POST ROAD
EAST GREENWICH RI 02818

FILED

MAR 08 1995

By: 1059139452

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of Secretary of State
100 North Main Street
Providence, RI 02903-1335
401-277-3040

File Annually

Corporate ID: 1241 Annual Report for year: 1994
Name of Business Entity: East Greenwich Dental Associates, Inc

Business entity organized under the laws of the
State of Rhode Island

Business Entity (check one):
☒ Business Corporation
☐ Professional Service Corporation
☐ Limited Liability Company

Fed. Taxpayer Identification No. [REDACTED]

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

Name, title and mailing address
of contact person to whom
communications may be directed

Phone: [REDACTED]

Paul E. Kirk, D.D.S., President
4574 Post Road
East Greenwich, RI 02818

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

Brief statement of the character
of business conducted in RI

4574 Post Road
East Greenwich, RI 02818

Dental services

Phone: (401) 884 6262

Date of Organization: Sept. 25, 1969

Date of Qualification to do
business in RI (if foreign entity)

N/A

THE NAMES OF THE OFFICERS ARE

	Street Address	City/State	Zip
[] Chief Exec. Officer or [X] President	Paul E. Kirk, D.D.S. 4574 Post Road	East Greenwich, RI	02818
[] Chief Operating Officer or [] Vice President			
[] Custodian of Records or [X] Secretary	Michael J. Harris, D.D.S. same as above		
[] Chief Financial Officer or [X] Treasurer	Michael J. Harris, D.D.S. same as above		

THE NAMES OF THE DIRECTORS ARE

Name	Street Address	City/State	Zip
Paul E. Kirk, D.D.S.	same as above		
Michael J. Harris, D.D.S.	same as above		

NO. OF SHARES AUTHORIZED (if Applicable)

NUMBER 40,000
CLASS Common
SERIES
PAR VALUE OR WITHOUT PAR \$1.00

NO. OF SHARES ISSUED AND OUTSTANDING
(if applicable)

NUMBER 10,000
CLASS Common
SERIES
PAR VALUE OR WITHOUT PAR \$1.00
EAST GREENWICH DENTAL ASSOCIATES, INC.

Date, Pay 18 19 94

FILED

SEP 02 1994

B. J. K. 59

by [Signature]

Paul E. Kirk, D.D.S.
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS.
PLEASE NOTE: If the Corporation has changed its registered officer and/or registered or resident agent, Form 9
or Form LLC-1 must be filed.

Paul E. Kirk, D.D.S.
4574 Post Road
East Greenwich, RI 02818

Pl
CK 17484 rem

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0012431 Annual Report for the year 1993

FIRST: The name of the corporation is East Greenwich Dental Associates,
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

FIFTH: Business address in Rhode Island 4575 Post Rd.
East Greenwich, RI 02818

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

Name	Office	Address (including number, street, zip code)
<u>Paul F. Kirk D.D.S.</u>	<u>Director</u>	<u>4575 Post Rd. E. Greenwich RI 02818</u>
<u>Michael J. Harris DDS</u>	<u>Director</u>	<u>4575 Post Rd. E. Greenwich RI 02818</u>
	<u>Director</u>	
<u>Paul F. Kirk D.D.S.</u>	<u>President</u>	<u>same as above</u>
	<u>Vice President</u>	
<u>Michael J. Harris DDS</u>	<u>Secretary</u>	<u>same as above</u>
<u>Michael J. Harris DDS</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
10,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
10,000	Common		\$1.00

Dated February 1993 EAST GREENWICH DENTAL ASSOCIATES, INC.
(Name of Corporation)
By Paul F. Kirk D.D.S.
Title: President

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 0002431 Annual Report for the year 1992

FIRST: The name of the corporation is East Greenwich Dental Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island
dental services

THIRD: Character of business, briefly stated, is _____

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

FIFTH: Business address in Rhode Island 4575 Post Road
East Greenwich, RI 02818

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

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

Herbert J. Underhill Jr.	Director	4575 Post Rd., E. Greenwich, RI 02818.
--------------------------	----------	--

Paul F. Kirk	Director	4575 Post Rd., E. Greenwich, RI 02818.
--------------	----------	--

	Director	
--	----------	--

Herbert J. Underhill, Jr.	President	same as above
---------------------------	-----------	---------------

	Vice President	
--	----------------	--

Paul F. Kirk	Secretary	same as above
--------------	-----------	---------------

Paul F. Kirk	Treasurer	same as above
--------------	-----------	---------------

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	Common		\$1.00

*Amended
01/30/91*
Filed & Paid
FEB 18 1992

Dated February 1992 19

East Greenwich Dental Associates, Inc.
(Name of Corporation)

By Herbert J. Underhill Jr.

President

Title _____

(Report must be signed by an officer)

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0012431 Annual Report for the year 1991

FIRST: The name of the corporation is East Greenwich Dental Associates,
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

FIFTH: Business address in Rhode Island 4575 Post Rd.
East Greenwich, RI 02818

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

Name	Office	Address (including number, street, zip code)
<u>Herbert J. Underhill Jr.</u>	<u>Director</u>	<u>4575 Post Rd. E. Greenwich RI 02818</u>
<u>Paul F. Kirk, D.D.S.</u>	<u>Director</u>	<u>4575 Post Rd. E. Greenwich RI 02818</u>
	<u>Director</u>	
<u>Herbert J. Underhill Jr.</u>	<u>President</u>	<u>same as above</u>
	<u>Vice President</u>	
<u>Paul F. Kirk, D.D.S.</u>	<u>Secretary</u>	<u>same as above</u>
<u>Paul F. Kirk, D.D.S.</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	PAID Series	Par Value (if any)
10,000	Common	100000 1991	\$1.00

EIGHTH: Number of Shares issued: REC'D OF ST.

No. of Shares	Class	Series	Par Value (if any)
10,000	Common		\$1.00

Dated January 1991

EAST GREENWICH DENTAL ASSOCIATES, INC.

(Name of Corporation)

By Herbert J. Underhill Jr., DDS

Title: President

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

Corporate ID 0012431

Annual Report for the year 1990

FIRST: The name of the corporation is Drs. Morgan, Underhill & Kirk, Inc.

SECOND: It is incorporated under the laws of

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

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

FIFTH: Business address in Rhode Island 4575 Post Road, East Greenwich, RI 02818

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Herbert J. Underhill	Director	4575 Post Road, East Greenwich, RI 02818
Paul F. Kirk	Director	" "
	Director	" "
Herbert J. Underhill	President	" "
Gordon M. Morgan	Vice President	" "
Paul F. Kirk	Secretary	" "
Paul F. Kirk	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

10,000

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

10,000

5T - Dr. Herbert Underhill

5T - Dr. Paul Kirk

Dated FEB 12 1990

(Name of Corporation)

By

Title

(Report must be signed by an officer)

PAID

FEB 12 1990

OFFICE OF STATE

DR's MORGAN - UNDERHILL - KIRK INC

By

Title

PRESIDENT

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0012431 Annual Report for the year 1989

FIRST: The name of the corporation is Drs. Morgan, Underhill & Kirk, Inc.

SECOND: It is incorporated under the laws of

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

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

FIFTH: Business address in Rhode Island 4575 Post Rd. East Greenwich, RI 02818

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Herbert J. Underhill	Director	4575 Post Rd. East Greenwich, RI 02818
Paul E. Kirk	Director	" "
	Director	
Herbert J. Underhill	President	" "
Gordon M. Morgan	Vice President	" "
Paul E. Kirk	Secretary	" "
Paul E. Kirk	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

10,000

PAID

FEB 06 1989

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

10,000

5T- Dr. Herbert Underhill

5T- Dr. Paul Kirk

REG. OF STATE

Dated FEBRUARY 3 1989

(Name of Corporation)

By

Title

(Report must be signed by an officer)

DR. MORGAN - UNDERHILL & KIRK INC.

By *Herbert Underhill*

Title *PRESIDENT*

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 12431Annual Report for the year 1988FIRST: The name of the corporation is DR'S MORGAN, UNDERHILL & KIRK, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Dental OfficeFOURTH: If foreign corporation, address of its principal office N/AFIFTH: Business address in Rhode Island 4575 Post Rd. East Greenwich, RI 02818

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Herbert J. Underhill	Director	4575 Post Rd. East Greenwich, RI 02818
Paul F. Kirk	Director	" "
	Director	" "
Herbert J. Underhill	President	" "
Gordon M. Morgan	Vice President	" "
Paul F. Kirk	Secretary	" "
same as above	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
10,000	

Series

PAID

JAN 25 1989

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
10,000	

Series

SECY OF

Par Value
or statement that
shares are without
par valueDated JAN 20 1989

(Report must be signed by an officer)

DR'S MORGAN - UNDERHILL & KIRK, INC.
(Name of Corporation)
By [Signature]
Title President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....12431.....

Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....Drs. Morgan, Underhill & Kirk, 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.....N/A.....

FIFTH: Business address in Rhode Island.....4575 Post Rd.....

East Greenwich, RI 02818

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Herbert J. Underhill Director

4575 Post Rd - E.G. R.I.

Paul Kirk Director

" " "

Director

Herbert J. Underhill President

Above

Gordon M. Morgan Vice President

"

{ Paul F. Kirk Secretary

"

{ Same as above Treasurer

"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

10,000.00

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

10,000

S-T - Dr. Underhill

S-T - Dr. Kirk

PAID

MAR 09 1987

SECY OF STATE

MAY 13 1987

Q

Dated.....FEBRUARY 17 1987.....

Drs. Morgan, Underhill & Kirk, Inc.
(Name of Corporation)

By.....

Title.....

PRESIDENT

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....12431..... Annual Report for the year.....1986.....

FIRST: The name of the corporation is.....Drs. Morgan, Underhill & Kirk, 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.....NA-.....

FIFTH: Business address in Rhode Island.....4575 POST ROAD
EAST GREENWICH, R.I. 02818.....

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

Name	Office	Address (including number, street, zip code)
HERBERT J. UNDERHILL	Director	4575 POST ROAD - E.G. - R.I.
PAUL KIRK	Director	" " " " "
HERBERT J. UNDERHILL	President	ABOVE
GORDON M. MORGAN	Vice President	"
PAUL F. KIRK	Secretary	"
(SAME AS ABOVE)	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000			
5T - DRY -			
5T - DCK -			

Dated.....JANUARY 22 1986.....

(Report must be signed by an officer)

02/14/86 PAID

MAR 15 1986
VR

DR'S MORGAN - UNDERHILL & KIRK, INC
(Name of Corporation)
By.....Herbert J. Underhill.....
Title.....PRESIDENT.....

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 12431 Annual Report for the year 1985

FIRST: The name of the corporation is Drs Morgan & Underhill, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 4575 Post Road, Warwick, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Dr. Herbert Underhill	President	4573 Post Road, Warwick, RI 02818
	Vice President	
Dr. Gordon Morgan	Secretary	1278 Warwick Neck, Warwick, RI
Dr. Gordon Morgan	Treasurer	1278 Warwick Neck, Warwick, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400			

Dated February 28 1985

RECEIVED MAR

1985

Drs. Morgan & Underhill, Inc.
(Name of Corporation)

By Gordon M. Morgan

Title Secretary-Treasurer

(Report must be signed by an officer)

Drs Morgan & Underhill, Inc.
GORDON M. MORGAN
4575 POST RD.
E. GREENWICH RI
02886

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 DRS. MORGAN & UNDERHILL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is
rendering of professional dental services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

4575 Post Road, East Greenwich, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Herbert Underhill, DDS	Director	4573 Post Road, Warwick, RI 02886
Gordon Morgan, DDS	Director	1278 Warwick Neck Avenue, War., RI
	Director	
Herbert Underhill, DDS	President	4573 Post Road, Warwick, RI 02886
	Vice President	
Gordon Morgan, DDS	Secretary	1278 Warwick Neck Ave., Warwick, RI
Herbert Underhill, DDS	Treasurer	4573 Post Road, Warwick, RI 02886

(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
1,000	common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		\$1.00

Dated: 2/8 19 '84

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10
63
DRS. MORGAN & UNDERHILL, 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 Drs. Morgan and Underhill, Inc.

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

THIRD: Character of business, briefly stated, is professional service
corporation to practice general dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 4575 Post Road, East Greenwich

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Gordon M. Morgan	President	1278 Warwick Neck Ave., Warwick
	Vice President	
	Secretary	
Herbert J. Underhill	Treasurer	4573 Post Road, East Greenwich

(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
1000			\$1.00

MAR 10 1983

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400		3	\$1.00
		1	
		03	

Dated: February 22 1983

Drs. Morgan & Underhill, 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 1982

FIRST: The name of the corporation is DRS. MORGAN & UNDERHILL, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is rendering of professional
dental services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 4575 Post Road, East Greenwich, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Herbert Underhill, DDS	Director	4573 Post Rd., Warwick, RI 02886
Gordon Morgan, DDS	Director	1278 Warwick Neck Ave., Warwick, RI 02888
	Director	
Gordon Morgan, DDS	President	1278 Warwick Neck Ave., Warwick, RI
	Vice President	
Herbert Underhill, DDS	Secretary	4573 Post Rd., Warwick, RI 02886
Herbert Underhill, DDS	Treasurer	4573 Post Rd., Warwick, RI 02886

(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
1,000	common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	3	\$1.00

Dated: *February 22* 19 82

DRS. MORGAN & UNDERHILL, INC.
(Name of Corporation)

By *Gordon Morgan*
Title *President*

(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

1981

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
OF

DRS. MORGAN & UNDERHILL, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Drs. Morgan & Underhill, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
4575 Post Road, East Greenwich, Rhode Island
and the name of its registered agent in Rhode Island at such address is
Gordon Morgan, D.D.S.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is
n/a

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is rendering of professional dental services

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Underhill, D.D.S.	Director	4573 Post Road, Warwick, RI 02886
Gordon Morgan, D.D.S.	Director	1278 Warwick Neck Ave., Warwick, RI 0288
	Director	
	Director	
	Director	
	Director	
Gordon Morgan, D.D.S.	President	1278 Warwick Neck Ave., Warwick, RI 0288
	Vice President	
Herbert Underhill, D.D.S.	Secretary	4573 Post Road, Warwick, RI 02886
Herbert Underhill, D.D.S.	Treasurer	4573 Post Road, Warwick, RI 02886

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	9 30 01	Series	Par Value per Share or Statement that Shares are without Par Value
1,000	Common			\$1.00

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SEP 30 1981

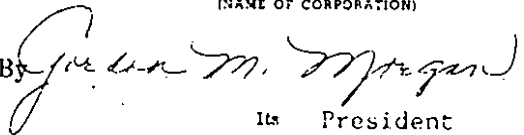
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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	Common		\$1.00

Dated September , 19 81

DRS. MORGAN & UNDERHILL, INC.
(NAME OF CORPORATION)

By 
its President

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
OF

Drs. Morgan & Underhill, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Drs. Morgan & Underhill, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
4575 Post Road, East Greenwich, RI

and the name of its registered agent in Rhode Island at such address is
Gordon Morgan, D.D.S.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is
N/a

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is rendering of professional dental services.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Underhill, D.D.S.	Director	4573 Post Road, Warwick, RI 02886
Gordon Morgan, D.D.S.	Director	1278 Warwick Neck Ave., Warwick, RI 02888
	Director	
	Director	
	Director	
Gordon Morgan, D.D.S.	President	1278 Warwick Neck Avenue, Warwick, RI 02888
	Vice President	
Herbert Underhill, D.D.S.	Secretary	4573 Post Road, Warwick, RI 02886
Herbert Underhill, D.D.S.	Treasurer	4573 Post Road, Warwick, RI 02886

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1,000	Common	2 5 80	1.00

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	Common		1.00

Dated *January 23*, 19 *80*

Drs. Morgan & Underhill, Inc.

(NAME OF CORPORATION)

By

John M. Morgan, DDS
Its President

Filing fee: \$15.00

1979

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

OF

Drs. Morgan, Underhill & Miller, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

Drs. Morgan, Underhill & Miller, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

4575 Post Rd, E. Greenwich RI

and the name of its registered agent in Rhode Island at such address is

Gordon Morgan, D.D.S.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is rendering of professional dental services.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Underhill, D.D.S.	Director	4573 Post Rd, Warwick RI 02886
Gordon Morgan, D.D.S.	Director	1278 Warwick Neck Ave., Warwick RI 02888
Gary Miller, D.D.S.	Director	77 Memorial Blvd., Newport RI 02840
	Director	
	Director	
	Director	
Gordon Morgan, D.D.S.	President	1278 Warwick Neck Ave., Warwick RI 02888
	Vice President	
Gary Miller, D.D.S.	Secretary	77 Memorial Blvd., Newport RI 02840
Herbert Underhill, D.D.S.	Treasurer	4573 Post Rd, Warwick RI 02886

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1,000	Common		1.00

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	Common		1.00

Dated 3/19 .19 79 Drs. Morgan, Underhill & Miller, Inc.
(NAME OF CORPORATION)

By *Gregory M. Morgan*
Its President