

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

Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stree Providence, RI 02903-133

2005

401.222.301

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2 Name of Corporation 12431 East Greenwich Dental Associates, Inc. 3 Street Address Principal Bustness Office E. GRENNUCH 2 5. State of Incorporation **RHODE ISLAND** 9233 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address State Zip City State Z.ip 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 7.ip City Director Name Director Name Street Address Street Address City State ZIP City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value ClassSeries 40,000 COMM \$1.00 PAR VALUE 1.00 10, W Lomm 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 repoi including any accompanying schedules and statements, and that all statemen contained herein are true and correct. Signature of Officer Date PAUL F. Print or Type Name of Office

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

Corporations Divisie 100 North Main Stre

Providence, RI 02903-13;

Corporate ID No. 12431	2 Name of Corpora	_{າແດກ} ich Dental Associates, Inc.			_
reel Address Principal.		· · · · · · · · · · · · · · · · · · ·	E GROEPW	State P.	02818
usiness Phone No. 401 - 864 -	(ω)	5. State of Incorporation RHODE ISLAND.	1 0 10,000,00	(UI) PI	6. SIC Code 9233
	Character of Business Conducted				
	RESSES OF THE OFFICE	ER\$: ("X" BOX FOR ATTA	· · · · · · · · · · · · · · · · · · ·	N SPACES BEFORE USIN	G ATTACHMENTS
tent Name ()	1 F Kik 00:	S	Vice President Name	hael Harris	, 001
Address 4490	6 Post Rel	Unil #2	Street Address 8P Hz	had Harris	thy
Wmile	1 F Kick DD: 6 Post Rd 4 Sinie 2 I	^{zip} 02818	Cuy Walle fie	.lu State ZI	^{ZIP} 02879
Yary Name	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Treasurer Name		
n Address			Street Address		
	State	Zip	Street Address City	State	Zip
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et Address Clar Name ct Address	RESSES OF THE DIRECT	Zip	City TACHMENT)	IN SPACES BEFORE US	Zip
SAMES AND ADD ctor Name et Address ctor Name et Address SHARES AUTHO	State	Zip	City TACHMENT)	State	Zip
CAMES AND ADD ctor Name of Address Address SHARES AUTHO HORIZED SHARES	State State Class/Series	Zip Zip Zip	City TACHMENT)	State State State	Zip Zip Zip

FOR SECRETARY OF STATE USE ONLY

contained bergin are true and correct.

including any accompanying schedules and statements, and that all stateme

Print or Type Name of Officer

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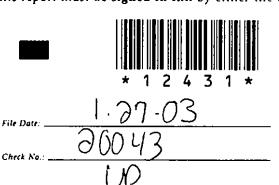
Edward S. Inman, III, Secretary of Stat Corporations Division 100 North Main Screet, Providence, RI 02903-133;

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR

401-222-3041

Filing Period: Januar			OKI FOR THE	TEAR	PET AND REAL INSTRUCTION
(FORM MUST BE TYPED OR PRIN					
1. Corporate ID No.	2. Name of Corporati				
12431		ich Dental Associates, In			
3. Street Address Principal Busines		0 N	CID EAST	State	2.ip
4. Business Phone No.	(202T	74 D 5. State of incorporation	CID EAST GREENWICH	R.J.	Ø2818 6. SIC Code
1-0(-884	- 6262 er of Business Conducted in	RHODE ISLAND)		9233
	A ENTA	AL OFFI	C (=		
8. NAMES AND ADDRE President Name	· · · · · · · · · · · · · · · · · · ·			FORE USING ATTAC	CHMENTS
DR. PAUL	F. KII	e K	DR. MIC		
4496 POS	T R B 1	JN17 #2	Street Address 88 HEA City WAKEFIELD	JRY CA	SE WAY
WARWICK Secretary Name	RI	82818	WAKEFIELD TIEOSUIEI Name	R. I.	02879
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS (*X* BOX FOR ATT)	Director Name	BEFORE USING ATT	
Street Address N	ont.	gar of a state of the state of state of	Street Address	NONE	company of the agreement of the second
City .	State	Zip	City	State	7.lp
Director Name	• • • •• ••		Director Name	•	••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
40,000 COMM \$1.00 PA	R VALUE		NO N	E	

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



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.

Janey. Kri	1/19/63
Signature of Officer	Date
PAUL F. KIRK	

Portin mit

Print or Type Name of Officer



Edward S. Inman, 111, 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. 2. Name of Corporation East Greenwich Dental Associates, Inc. 12431 3. Street Address Principal Business Office Pos+ 4575 02818 4. Business Phone No. 5. State of Incorporation 6. SIC Code 9233 401-884-6262 **RHODE ISLAND** 7. Brief Description of the Character of Rusiness Conducted in Rhode Island Dontal Practice 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name DIL ひし MICHA 02818 . GREENIM CH Secretary Name Street Address Street Address City Zip City State 210 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NOW NONE Street Address Street Address Clh 210 City Zip Director Name Director Name MON Street Address Street Address City State 7.ip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUID SHARES Number of Shares Class/Series Par Value Number of Shares Par Value 40,000 COMM \$1.00 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.

Print or Type Name of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200'

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riiing	Perioa:	january	1 - March	, •	Filing	rcc:	\$50.00

(FORM MUST BE TYPED IN B	ILACK)	•			
1. Corporate II 12431	seast, gli	enwich Dental As:	sociates, Inc.		
3. Street Address Principal Busin	ess Office		City EAST	State	Zip
4575 P		3. KHOKE CYKLINN	6REENWICH	R.J.	028/8 6. 9233
401-884- 7. Brief Description of the Charac	6262 cter of Business Conducted				
8. NAMES AND ADDRI	E SSES OF THE OF	OFFICE FICERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES BEI	FORE USING ATTAC	HMENTS
DR. PAUL	_ F. KI	RK	DR. MICH.		
4575 P CILY EAST GREENWICH	OST RO	AD zip	4575 Post City EAST GREENWICH	7 ROAD	Zip
GREENWICH Secretary Name	K.L	028/8	GREENW (CH	R.I.	02818
Street Addiess	NE		Street Address		
City .	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DI	RECTORS (*x* box for att	ACHMENT) FILL IN SPACES F	BEFORE USING ATTA	ACHMENTS
Street Address	E		Street Address		
City	State	Zip	City	State	Zip
Director Name NoN	_		Director Name		
Street Address	<u>G</u>		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED (*x* box for a	FTACHMENT)	11. SHARES ISSUED (*X* ISSUED SHARIS	BOX FOR ATTACHMENT	

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

Number of Shares

NONE



Class/Series

Par Value

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

Class/Series

Par Value

File Date: 126 Check No.: 21

40,000 COMM \$1.00 PAR VALUE

Number of Shares



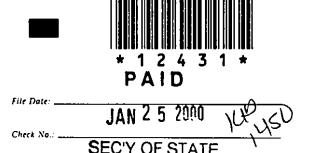
James R. Langevin, Secretary of Sic Corporations Divisi 100 North Main Street, Providence, RI 02903-13

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•					407-411-30
ROFIT CORPORATION ing Period: January 1-March 1 •		FOR THE	YEAR	2000	STOP PH MERIM INMRECTION
					\ -

FORM MUST BE TYPED IN BLA	ICK)				
. Corporate ID No.	2. Name of Corporal	tion			
12431	East Gree	nwich Dental Asso			
Street Address Principal Business	Office		Cly EAST	State	Zip
7575 PG	OST ROAD	>	GREENWICH	Q-I.	02818
l. Business Phone No.		5. State of Incorporation			6. SIC Code
401-884-6	262	RHODE ISLAND			9233
Brief Description of the Character					
り E v	UTISTRY	./			
B. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	Vice President Name	BEFORE USING ATTACH	
DR. PAUL	KIR	K	DR. M	ICHAEL /-	1 A RRIS
treet Address			Street Address	,	() () () ()
4496 P	OST RA		Siren Address 88 Henr S.K.nstewn	4 (are was	,
lity	State	Zip	City	State D =	Zip 03075
WARWICK	R. I	02818	5.4.2/5 town	$\mathcal{K} \mathcal{L}$	02879
ecretary Name			Treasurer Name		
treet Address			Street Address		
City	State	Zip	City	State	ZIp
Olrector Name		ECTORS ("X" BOX FOR ATTAC	Director Name	is before using attac $\circ \sim \in$	CHMENTS
treet Address			Street Address		
•	_		_		
Elty	State	Zip	City	State	Zip
Director Name			Director Name		
metto, manie			Director Name		
treet Address			Street Address		
City	State	Zip	City	Compa	71-
,,	21016	z.ip	City	State	Zip
O. SHARES AUTHORIZE	D (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMENT)	
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
40,000 com \$1.00	PAR VAL		NONE	-	

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



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

Print or Type Name of Officer



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

PROFIT-CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing	Period:	January	I-March)	•	Filing	Fee:	\$50.00

(FORM MUST BE TYPED IN BI					
1. Gorporate 1D No. 12431	2. Name of Corpord East Greet	nwich Dental Asso	clates, Inc.		
4. Business Phone No.	st Ro 1262	s. State of Incorporal RI In Rhode Island Practice	East Green	with RI	02818 6. SIC Code 9233
Presidente Same Paul F.	SSES OF THE OFF KICK DS+ LO	ICERS CX BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name Ach Street Address	S BEFORE USING ATTA	ACHMENTS
Warwick	State PL	Ö2818	City	State	21p
Secretary Name M. Chael J Streak Address	Harris		Treasurer Name MC Street Address	hael J.	Harris
So Kingstow	n Case n Rl	Way 0287	City	State	, Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
Street Addiess			Street Address		•
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	· ZIp ·
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHME	TO CT
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
40,000 COM \$1.00	PAR VAL		icocci	Comm	on \$1
This course much be used			A		

	* 1 2 4 3 1 *
ile Date:	6b 11,99
Check No.:	1 19094

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.



James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133

1000

401-277-304

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporate ID No.	_{stion} wich Dental Associates,			
1. Corporate ID No. 2. Name of Corpora	^{ition} wich Dental Associates.			
12431 East Green		, Inc.		
3. Street Address Principal Rusiness Office		E. Greenwica	State RI	Zip
4575 POST ROAD 4. Business Phone No. (401) 884-6262	S. State of Incorporation RHODE ISLAND	E. Greenwilla	KL	02818 6. SIC Code 9233
7. Brief Description of the Character of Business Conducted				
DENTAL DEGLE	77 N. 100 L 1210 W			
8. NAMES AND ADDRESSES OF THE OFF President Name	ICERS (*X* BOX FOR ATTACHM	AENT) Vice President Kame		
PAUL F KIRK D. D. S. Street Address		MICHAEL J H	ARRIS D.D.S	
4496 POST ROAD City State	Unit Z	88 Henry Casa S. Kingstown	Way	_
		City	State `	Zip
E. Greenwich RI Secretary Name	02818	J. KINGSTOWN Treasurer Name	. KI	02879
Secretary Nume				
Street Address		Street Address		
City State	ZIp	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIR		Director Name		,
Street Address Sunce as	above	Street Address Same	as above	2
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 AT AUTHORIZED SHARES	TACHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Vaine
40,000 COM \$1.00 PAR VAL		10,000	Com	* \$ 1 PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trusti Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an

File Date: _ Signoruse of Offices Check No.: . PAUL 11.



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

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPE	D IN BLACK)		_		ONIP
1. Corporate ID No. 12431 05 -{	2. Name of Corpor	ation Nwich Dental Associates	- s. Inc		
3. Street Address Principa 4575 Pos 1. Busliness Phone No. 401-881	- '*	5. State of Incorporation RHODE ISLAND	East Greenwich	State R1	21p D 2819 6. SIC Code 9233
Den Den B. Names and a	tal Offic		MENT)		
Paul	KIRK		Vice President Name		
H496 P	_	Unit 2	· Street Address		
City Sast Greek Secretary Name	nwich RI	02818	City Treasurer Name	State	Zip · ·
itreet Address			Michael Street Address	Harris	
Uty	State	Zip	88 Henry	Case W)W 21p ()2879
	DDRESSES OF THE DIE	RECTORS ("X" BOX FOR ATTAC		, ,	0281
PAUL Street Address	KIRK		Director Name Michael Street Address	l Harri	٥
Otty	Same	Zip	: _ Chy	Same	Zip
Director Name			Director Name		
Creet Address			Street Address		
lity	State	Zip	City	State	Zip

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

ESSURE) SHARES

Number of Shares

* 1 2 4 3 1 *	Under penalty of
	this report, Includ
File Date: 5/9	that all statement
	PAUL

Par Value

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

Class/Series

AUTHORIZED SHARES

40,000 COM \$1.00 PAR VAL

Number of Shares

perjury, I declare and affirm that I have examined ding any accompanying schedules and statements, and is contained herein are true and correct.

PROFIT CORPORATION ANNUAL REPORT

1996



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

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 PRII	NT IN BLACK INK.		
1. CORPORATE ID NO.	2. NAME OF CORPORATION				
45: 12481 (Finish Finish)	East: Gree	enwich Dental - A	ssociates; Inc.		
1. STRET ADORLS S MADO W BLST BES OF THE	ハントレ		DA'RWY	XXXX	102818
884-6262 RHODE ISLAND					9233
7. BAILE DESCRIPTION OF THE CHARACTER OF BUS		Fice			
PRESIDENT NAVE	8. NAME	S AND ADDRES	SES OF THE OF	FICERS	
PAUL KIR	K 005	>	Wice President Name MICH QU	y Hari	15
4496 POSTRO	1 Harborn		STREET ADMESS	y Case C	ay R
E Grenwich	R	02818	Sokingsto	STATE RI	02879
PECHE INIT NAME			TREASURER NAME		
STREET ADORESS			STREET ADDRESS	·	
äir	STATE	ZIP CODE	αιν	STATE	ZIP C00€
	9 . N A M E	S AND ADDRES	SES OF THE DI	RECTORS	<u></u>
DIRECTOR NAME			DIRECTOR HAME		
STREET ADDRESS			STREET ADDRESS	······································	
απ	STATE	ZIP C00E	απγ	STATE	ZP C00E
DIRECTOR NAME	L.,	ł	DIRECTOR NAME		
STREET ADORESS	··-		STREET ADDRESS		
any .	STATE	21P C00E	an	STATE	2F C00E
<u> </u>	10. SHA	RES AUTHORIZ	ED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERES	PAR VALUE	HAMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
40,000 COM \$1			10,000	COM	1 PAIR VALUE
	Thie ro	port must be SIGNI	ED IN INK by either th	20	<u> </u>

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/16/96
Check No: 0/8784
CS/1/10

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

Signature of Officer

PAUL F. KIRK D. B.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 Prin

File Annually – Jan. 1. March
Filing Fee \$50.01
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN F	TULL OR THE FORM WILL B		_	
Corporate ID:	Annual Report fo	r the year:	·5	
Name of Corporation East Greening Business entity organized under the laws of the State of	ich Dental Associates	s, Inc.		
Business entity of anized under the laws of the State of A. R. For freign entity, address and telephone number of principal	Professio	corporation (See RIGE Control on all Service Corporation (S	ce RIGL Chapter	
Phone: ()	Brief statemen	it of the character of busine	ss conducted in R	thode Island:
Address and telephone of the principal office of business entity Island (Provide street address - No. P.O. Box):	y in Rhode	and Office	·	
EAST GREENWICH	3.7.			
Phone: (401) 884 - 6262	02818			
. THI	E NAMES OF THE OFFICERS A	ARE:	-	
PRESIDENT	STREET ADDRESS	CTTY/STATE	R.I.	ZIP COD
DA P AUL KIRK 4	575 Post Road STREET ADDRESS	E. GREE CITYRTATE		0 2.8 (8 ZIP COD
SECRETARY	STREET ADDRESS	CITY/STATE		ZIP COD
DR. MICHAEL HARRIS	SAME	(\	11	le
TREASURER	STREET ADDRESS	CITY/STATE		ZIP COD
THE	NAMES OF THE DIRECTORS	ARE:		
NAME SAME	STREET ADDRESS	CITY/STATE	<u>.</u>	ZJP COD
NAME	STREET ADDRESS	CITY/STATE	,	7JP COD
NAME	STREET ADDRESS	CITYSTATE		ZJF COD
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHA	ARES ISSUED AND OUTSTA	ANDING (Rider ma	y be attached)
Number of Shares Class / Series	Number of Shares		100	mm)/
40,000 places	n) 4016	100 ps.	oo offer	ier)
Date2//	Bv: James	J. Kuk	Spech	
/	PRINT OR TYPE NAME OF OFFICER SI	F. KIRI	S PV	
Form 31 1/95	TITLE OF OFFICER SIGNING	[resiton		
DESIGNATED RE	GISTERED AGENT FOR SERV	ICE OF PROCESS:	•	

GORDON M. MORGAN 4575 POST ROAD EAST GREENWICH RI 02816

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

FILED

File Annually

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

Corporate 10: 17431	Annual Report for year. 1994
ane of Business Entity. <u>East Greenwich Dental A</u>	sequotates, Inc
usiness entity organized under the laws of the State of _ Rhode Island	Business Entity is (check one)
	(XX) Sussiess Corporation () Professional Service
ed Taxpayer Identification No	Corporation [] Limited Limbility Company
or foreign entity, address and telephone	Name, title and mailing address
umber of principal office.	of contact person to whom communications may be directed
	,
	Paul K. Rirk, C.D.S. President
	4575 Post Road
none. : 1	East Greenwich, RI 02918
ddress and telephone of the principal fice of business entity in RI (Provide	Brief statement of the character of business conducted in RI
Leet address - Not P.C. Box	
1875 Post Road	dental services
unt Greenwich, RI 02818	
cane: (401) <u>984 6262</u>	Date of Organization <u>Sept. 25, 1969</u>
	Date of Qualification to do business in RI (if foreign entity)
	<u> </u>
	OF THE OFFICERS ARE
Chief Exec.Officer or [X] President S	itreet Adoress City/State Zip
Paul F. Kitk, D.D.S 4574 Post	Road East Greenwich, RI 02818
Paul F. Kisk, D.D.S. 4574 Pont Chief Operating Officer or Vice President S	Street Address Caty/State Zip
<u> </u>	
[Contodian of Records or [X] Secretary 5	treet Address City/State Zip
Mighagl S. Harris, D.D.S. gare as	Above
Chief Financial Officer of [X] Treasurer S	Street Address City/State Zip
Michael J. Harris, D.D.S. name as	above
THE NAMES O	P THE DIRECTORS ARE
Paul F. Klyk, D.D.S Same as Street Address	Above City/State Zip
Michael J. Hussin, D.D.S. sare and Street Address	City/State Zip
one Street Address	City/State Zip
,,,,	,
C CF SHARES AUTHORIZED (If Applicable)	NO OF SHARES ISSUED AND OUTSTANDING
	NO OF SHARES ISSUED AND OUTSTANDING III APP-1000101
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CRIES	SERIES
W VALUE ON WITHOUT PAR 11 CO	PAR VALOR OR WITHOUT HAR \$1.00
	EAST GREENWICH LENTAL ASSOCIATES, INC
ate My <u>y / 8</u> . 19 <u>54</u>	
FILED	w dansy y yord
SEP 0 2 1994	Book to Mark 19 0 ft
SEP 0 2 1774	PRINT OR TYPE NAME OF OFFICER SIGNING
16-C1	
BILLIOT	Pierident Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS.

PLEASE NOTE: If the Componition has changed its registered officer and/or registered or regident agent, Form 9 or Form LLC3 dust be filed.

Paul P. Kirk, D.D.S. 4515 Post Road East Greenwich, RI 02818 (H) 489 rem

olalla 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 <u>East Greenwich Dental Associates</u>, ______<u>Inc.</u>________ SECOND: It is incorporated under the laws of ____Rhode Island _______ THIRD: Character of business, briefly stated, is <u>dental services</u> FOURTH: If foreign corporation, address of its principal office _____ FIFTH: Business address in Rhode Island <u>4575 Post Rd.</u> East Greenwich, RI 02818 Names and addresses of its directors and officers: (Attach rider if necessary) Name Office Address (including number, street, zip code) Paul F. Kirk D.D.S. Director 4575 Post Rd. E. Greenwich RI 02818 Michael J. Harris DDS Director 4575 Post Rd. E. Greenwich RI 02818 _______ Director Paul F. Kirk D.D.S. President <u>same</u> as <u>above</u> _____Vice President Part Michael J. Harris DDS Secretary same as above FED 0.5 (393) Michael J. Harris DDS Treasurer sam<u>e as abov</u>e SECTION OF COMME 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 <u>February</u> 1993 <u>EAST GREENWICH DENTAL ASSOCIATES</u>, INC. (Name of Corporation)

Janes Krip De

Title: President

ln:

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 901.24.31		Annual Report for the year 1999		
FIRST: The name of the co	orporation is	East Greenwi	ch Dantal Associates,	
		RhodeIslanddental servi	ces	
i HIRD: Character of dusin	less, brieffy stated, is			
FOURTH: If foreign corpor	•	·	······································	
FIFTH: Business address in			ad	
		East Greenwi	ch, RI 02818	
SIXTH: Names and address	ses of its directors and		(Attach rider if necessary) a number, street, zip code)	
Herbert J. Underhill Jr	Director	45.75 Post Rd., E.	.Greenwich,Rl02818	
Paul F. Kirk	Director	.4.5.75PostRd.,E.,	Greenwich, RI02818.	
	Director			
Herbert J. Underhill.	I.rPresident	.sameasabove		
	Vice Preside	ent		
Paul F, Kirk	Secretary	same as above		
Paul F. Kirk	Treasurer	.sameasabove		
SEVENTH: Number of Share	res authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
10,000	Common		\$1.00	
EIGHTH: Number of Share	es issued:	1129	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
10,000	Common Re	o'd's 17854 - 13 1 8 19	\$1.00	
Dated February 1992		Name of Corporation By Cardusti 7	ital Associates, Inc	
(Report must be signed by	an officer) T	President	•••••••••••••••••••••••••••••••••••••••	

Filing Fee \$50.00 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporate ID 601243 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 <u>dental services</u> 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) Office Address (including number, street, zip code) <u>Name</u> Herbert J. Underhill Jr.Director 4575 Post Rd. E. Greenwich RI 02818 Paul F. Kirk, D.D.S. Director 4575 Post Rd. E. Greenwich RI 02818 ____Director <u>Herbert J. Underhill Jr President</u> <u>same as above</u> _____Vice President Paul F. Kirk, D.D.S. Secretary same as above <u>Paul F. Kirk, D.D.S.</u> Treasurer <u>same as above</u> SEVENTH: Number of Shares authorized: PAID No. of Shares Class Series Par Value (if any) 140 73 1991 10,000 Common \$1.00 EIGHTH: Number of Shares issued:

Par Value (if any)

\$1.00

EAST GREENWICH DENTAL ASSOCIATES, INC.

No. of Shares Class

Dated _____January _____1991

Common

10,000

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	<u> </u>	Annual Report for	the year 1990
First: The name of	of the corporation is	Drs. Morgan, Unde	rhill & Kirk, Inc.
SECOND: It is inco	rporated under the laws of		
THIRD: Character	of business, briefly stated, is	Dental Office	
FOURTH: If foreign	n corporation, address of its pr	incipal officeN/A	
FIFTH: Business ad	Idress in Rhode Island4	575 Post Road, East Gr	eenwich, RI 02818
SIXTH: Names and	l addresses of its directors and		(Attach rider if necessary)
Horbert J. Und	ierhillDirector	4575 Post Road, Ea	st Greenwich, RI 02818
Paul F. Kirk	Director	н	
······	Director		
Herbort J. Und	lerhill President	u	n
Gordon M. Morg	jan Vice Preside	nt	"
	Secretary	11	n .
Paul F. Kirk	Treasurer	11	r;
Seventh: Number	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
10,000			par value
Eіднтн: Number o	of Shares issued:		Par Value Or statement that
No. of Shares	Class	Series	A shares are without par value
10,000			FEB 12 1990 DONE STATE
5T - Dr. Herbe 5T - Dr. Paul			FED OF STATE
		DR'S MOREDN - UN Name of Corporation)	lebel DDS
(Report must be	signed by an officer) T	itle PR. Down	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	12431	Annual Report	for the year	1989
FIRST: The name	of the corporation is	Ors. Morgan, L	hnderhill	& Kirk, Inc.
	of the corporation is		***************************************	* t - 34
SECOND: It is inc	orporated under the laws of		·····	,,,,,
THIRD: Character	of business, briefly stated, is	Dental.Office		
FOURTH: If foreig	n corporation, address of its p	orincipal officeN/A		
FIFTH: Business a	ddress in Rhode Island	4575 Post Rd. Esat G		I 02818
SIXTH: Names an	d addresses of its directors an		ocluding number, stree	(Attach rider if necessa
Herbert J. Und	erhill Director	4575 Post Rd.	East Greenw	ich. RI. 02818
Paul F. Kirk	Director		1***********************	11
	Director	•••••		
Herbert J. Und	erhillPresident	н		
	anVice Presid			
	Secretary		***/	
Paul F. Kirk	Treasurer		***************************************	
SEVENTH: Number	r of Shares authorized:			Par Value or statement that
No. of Shares	Class	Series		shares are without par value
10,000		PAID		
		FER 0.6 1989		
Eібнтн: Number	of Shares issued:	RECIY. OF STATE	m	Par Value or statement that
No. of Shares	Class	Series	$\mathcal{I}_{\mathcal{I}}$	shares are without par value
:0,000 5T- Dr. Herber 5T- Dr. Paul K			Ŋ,	·
Dated FEBRUA		DR'S MORGON - U (Name of Congration)	DURHIL	+KIRK IN
		By Subulf U	-lubist!	Your

Form 31 1/85

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

orporate ID 124.	ξ 1	Annual Report for the year		
FIRST: The name of	the corporation is	Urs. Margan.)	Indarhill & Kirk,	lns
e , .	3			
SECOND: It is incorp	porated under the laws of		Shode Island	
THIRD: Character of	f business, briefly stated, isDen	ntal Office		
FOURTH: If foreign	corporation, address of its princi	pal officeV/A		••••••••••
FIFTH: Business add	ress in Rhode Island 4575. P	Post Rd. East Gree	nwich, RI 02818	
SIXTH: Names and a	addresses of its directors and office		(Attach rider if ne	::::::::::::::::::::::::::::::::::::::
Herbert J. Underhi	Director	4575 Post Rd. Eas	t Greenwich, RI 0281	3
Paul F.Kirk	Director	е		
	Director		,,,	• • • • • • • • • • • • • • • • • • • •
Herbert J. Underhi	President	ι		**********
Gordon M. Morgan	Vice President			************
Paul F. Kirk	Secretary	~ !	ę 4	,
same as above	Treasurer		· ·	*********
SEVENTH: Number of	of Shares authorized:		Par Value	
No. of Shares	Class	PAIL	or statement that shares are without par value	
	•	JAN 25 1988	-9 3	
Eighth: Number of	Shares issued:	SEC'Y. OF 8.	Par Value or statement that	
No. of Shares 10,000 5T- Dr. Un 5T- Dr. K		Series 3	shares are without par value	
ted JANUAR		R'S MOREDW-4 of Corporation)	Merchuren -	INC
(Report must be sign	and by an officer) Title	FIAUS DI	77	

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

Corporate ID12431	••••••••••	Annual Report for	or the year1987
FIRST: The name o	f the corporation isDrs	Morgan, Underhill &	Kirk, Inc.
		_	d
FOURTH: If foreign	corporation, address of its pri	ncipal officeN/A	
SIXTH: Names and	addresses of its directors and o		(Attach rider if necessary) uding number, street, zip code)
	nder hill Director Director	4575 Post 1	2d - E.G. P.I
Herbert J. U	Director Acchill President Organ Vice Presiden		
Same as a	R.VSecretary	И	······································
•	of Shares authorized:	Series	Par Value or statement that shares are without par value
10,000.	<i>್</i>		No.
No of Shares 10,000 5T - D. Um 5-T. Dr. Ku	Class SECY	PAID 198/ Series DF STATE	Par Value or statement that shares are without par value
Dated FrBRudzy	17 1987 N (N	Drs. Morson, Underly ame of Corporation)	White Inc
(Report must be si	gned by an officer) Ti	tle PRUS ISON	7 ——

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

Corporate ID12431		Annual	Report fo	r the year	1986	->
First: The name of the corporation isD	rs. Morg	an,Undo	erhill.&	Kirk, I	nc	
SECOND: It is incorporated under the laws of		Rhoc	de.Island	i		
THIRD: Character of business, briefly stated, is	s De	NTAL	OFF	CE-		······
FOURTH: If foreign corporation, address of its	principal	office	NA-			
FIFTH: Business address in Rhode Island				Ð		
SIXTH: Names and addresses of its directors a	nd officers		Address (includ	ing number, sti	(Attach rider i	f necessary)
HERBET J. UNDERHILL Director	45	75 -	POST	ROAD	- E.G	·RII
PAUL KIRK Director		/· /	(/	4	ν	4
Director	*****	•••••				
HERBERT J. UNDRHILL President	Q.	BOUE			•	••••
Carrie and Carrie	*******	ıı	***************	· · · · · · · · · · · · · · · · · · ·		*-*
- 1.	ident		••••••••	• • • • • • • • • • • • • • • • • • • •	***************************************	•••••
SPAUL F KIRK Secretary	******	• • • • • • • • • • • • • • • • • • • •	***************************************		*>1*>*****	•••••
(SAME AS ABOVE Treasurer		••••••				,
SEVENTH: Number of Shares authorized:					Par Value or statement that	
No. of Shares Class		Series			shares are withou par value	•
EIGHTH: Number of Shares issued: No. of Shares 10,000 Class	02/14/86 PAID	Series	151 X	38 6	Par Value or statement that shares are withou par value	1
Dated JANYARY 22 1986		215 NO.	RGAN)	- UNDE 1 UL	CHILI 2 Whiel	KiRK Du
(Report must be signed by an officer)	Title:	PR	63 (Jou	~-		

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	f the corporation is Drs Mo	organ & Underhill, Inc	
Second: It is incorp	porated under the laws of	Rhode Island	
THIRD: Character o	·		
FOURTH: If foreign			
FIFTH: Business add	ress in Rhode Island457	75 Post Road, Warw	ick, RI
Name	addresses of its directors and office		(Attach rider if necessary) g number, street, 21p code)
	Director		
	Director		
.Dr. Herbert Under	chillPresident	4573 Post Road.	Warwick, RI o2818
	Vice Presider	nt	
Dr. Gordon Morga	•	1278 Warwick Nec	
Dr. Gordon Morga	nTreasurer	1278 Warwick Nec	k, Warwick, RI
SEVENTH: Number of	of Shares authorized:		Par Value or statement that
No. of Shares 400	Class	Series	theres are without par value
Eighth: Number of	Shares issued:		Par Value or statement that shares are without
No. of Shares 400	Class	Series	par value
Daud February 28	/ /\/N	Drs. Morgan & Unde	rhill. Inc.
RECEIV	ED MAR 1985 By	Carlon on	rhill. Inc.
(Report must be sig	gned by an officer) Ti	ile stary La	d.S

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

1,000

common

\$1.00

Eighth: Number of Shares issued:

No. of Shares

Class

common

Series

Par Value or statement that shares are without par value \$1.00

? [0

Dated: 2/8 19 '84

DRS. MORGAN & UNDERHILL, INC.

Title Profiport

(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

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 th	ne year 1983
Fir	ST: The name	of the corporation	on is Drs. Morgan e	nd Underhill, Inc.
SEC	COND: It is inc	orporated under	the laws of State of	Rhode Island
Тн	IRD: Character	of business, brie	fly stated, is profess	ional service
		ctice general		
			address of its principa	l office
- 0		S. co. baración	aan an aa aa panaaqaa	
··· •	тн: Business	address in Phod	o Island (blank vanart	s will be mailed to this
			-	s will be maned to this
`	•	Road, East Gr		
217			ts directors and office	rs:
		 -	et and number, if any)	
	Name	Office		Address
		Director		
	٠	Director	•	
· ·	an e	Director		.,
Gordon	M. Morgan	Presiden	t 1278 Warwick	Neck Ave., Warwick
	÷	Vice Pre	esident	
		Secretar	y	
	t J. Underhi Honal space is nee		er 4573 Post Ro	oad, East Greenwich
Sev	ENTH: Number	er of Shares aut	chorized:	Par Value or statement that
No	of Shares	Class	Series	shares are without par value
1	000		-07	\$1.00
			MAR 10 1983	
Eic	нтн: Number	of Shares issue	ed:	or statement that
No.	of Shares	Class	Series	shares are without par value
	400		3 '5 C3	\$1.00
Dated:	February 2	2 ₁₉ 83	Drs. Morgan of Name of Corporation By Title	signed by an officer)
Ef	the corporation I	nas changed its re	gistered 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 R	eport fo	or the year	1982	
FIRST:	The name of the	e corporation	is DRS	. MORG	AN & UND	ERHILL, INC.	
** ** *							
SECOND:	It is incorpora	ted under the	e laws of	RHOD	E ISLAND		
THIRD:	Character of bu	siness, briefly	y stated, is	rend	ering of	professional	
dental se	rvices					**.	
Fourth	If foreign cor	poration, add	dress of its	princi	pal office		
Г І гт н:	Business addres	ss in Rhode I	Island (bla	ank rep	orts will b	e mailed to this	
address) . 45	75 Post Road	, East Gree	enwich, I	Rhode	Island		
Sixth:	Names and add	lresses of its	directors a	and offi	icers:		
	(Addresses mus	it include street a	and number, If	any)			
	Name	Office			Address		
Herbert U	inderhill, DDS	5 Director	4573, Pos	c Rd.,	Warwick	, RI 02886	
Gordon Mo	organ, DDS	Director	1278, War	wick N	eck Ave.	, Warwick, RI	02888
		Director					
Gordon Mc	organ, DDS	President	1278 (Warwic	k Neck A	ve., Warwick,	RI
		. Vice Presid	dent .				
Herbert l	Underhill, DDS	Secretary	4573 P	ost Rđ	., Warwi	ck, RI 02886.	
	inderhill, DDS ace is needed, attac		4573 Pc	ost. Rd	., Warwi	ck, RI 02886	
SEVENTH	: Number of S	Shares author	rized:		01	Par Value r statement that	
No. of She	ares	Class	s	eries		ares are without par value	
1,000	ı	common				\$1.00	
EIGHTH:						Par Value statement that ares are without	
No. of Sha	res	Class	s	eries		par value	
600	co	ommon			3	\$1.00	
Dated:	brung 22	- 19 82 .	DRS. MC	RGAN		ILL, INC.	
	Man	100-	By G	4 .60.00	。 い い ・ ・ ・ ・ ・	myright	
	MAR 16	1982	Title 1	Resi	Cost		
		P	(Rep	ort must	be signed b	y an officer)	
If the	corporation has ch	anned its ros	istared offic	e and/å	1 	red sonst	
11 1110	o poration has th	anged its leg		- andrug	Purito Pisto	rea agent,	

Form #9 must be filed. Please contact Corporation Division (organization, 277-3040

For

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____ and the second of the second 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: Address Office 4573 Post Road, Warwick, RI 02886 Herbert Underhill, D.D.S. Director Director 1278 Warwick Neck Ave., Warwick, RI 0288 Gordon Morgan, D.D.S. Director Director Director Director President 1278 Warwick Neck Ave., Warwick, RI 0288 Gordon Morgan, D.D.S. Vice President Herbert Underhill, D.D.S. Secretary 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:

Herbert Underhill, D.D.S. Treasurer 4573 Post Road, Warwick, RI 02886

Number of Shares	Class	9 N <u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
1,000	Common	0 91	\$1.00
:m 31 35k 11-77		····* 6691A14····15.00BL	SEP 301 981 ar

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:

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

Dated September , 19 81 DRS. MORGAN & UNDERHILL, INC.

By fire worm. Mrzgan

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 & Unde	erhill, Inc.		
Pursuant to the provis amended, the undersigned co FIRST: The name of th	rporation hereb	y submits the follow	ing annual report:	.
SECOND: It is incorpor	ated under the l	aws of Rhode Islan	d	
THIRD: The address of 4575 Post Road, East			is	
and the name of its registered Cordon Morgan, D.D.S.			ess is	
FOURTH: If a foreign country under the laws of whi	-	-	ipal office in the state or	•
FIFTH: The character Island, briefly stated, is rea				•
		ses of its directors an		
Name Herbert Underhill, D.D.S.	олее Director	4573 Post Road,	Address Warwick, Rl 02886	
Cordon Morgan, D.D.S.	Director	1278 Warwick Nec	k Ave., Warwick, RI	02888
4 · · · · · · · · · · · · · · · · · · ·	Director	. ,		
	Director			
	Director		,	
	Director			
Gordon Morgan, D.D.S.	President		k Avenue, Warwick, RI	02888
Herbert Underhill, D.D.S.	Vice Presid		Warwick, RI 02886	
Herbert Underhill, D.D.S.	•	4573 Post Road,	Warwick, RI 02886	
SEVENTH: The aggregate by classes, par value of shares,			hority to issue, itemized if any, within a class, is:	
			Par Value per Share or Statement that	
Number of Shares	Class	2 Series _i	Shares are without Par Value	
1,000	Common	-— - 5 80	1.00	
form 31 35M 11-77		**************************************	FEB 18 1980 SB	

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:

Par Value per Share or Statement that Shares are without Par Value Number of Shares 600 Ciass Series Common

Dated Princery 33, 1980 Drs. Morgan & Underhill, Inc.

(NAME OF CORPORATION)

By JELLEN M. Margan Disconnection Description De

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

	O1	
Drs. Me	organ, Underhill	& Miller, Inc.
		1-118 of the General Laws, 1956, as bmits the following annual report:
First: The name of the Ors. Morgan, Underh.	-	
SECOND: It is incorporat	ed under the laws	of Rhode Island
THIRD: The address of it	s registered office i	in Rhode Island is
and the name of its registered a Gordon Morgan, D.D.S		
FOURTH: If a foreign co country under the laws of which		ress of its principal office in the state or is
FIFTH: The character o	f the business in ering of professi	which it is actually engaged in Rhode onal dental services.
SIXTH: The names and resp	oective addresses of	its directors and officers are:
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 0288
	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
		which it has authority to issue, itemized alue, and series, if any, within a class, is:
Number of	4	Par Value per Share or Statement that Shares are without

Number of Shares	Class	= 27	Series	Par Value per Share or Statement that Shares are without Par Value
1,000	Common	79		1.00
91.35M 8.76 אאכ		5605A14····15.00BL	. t	APR 27 1979 BB

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:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
600	Common		1.00

Dated 3/19.1979 Drs. Morgan, Underhill & Miller, Inc.

(NAME OF CORPORATION)

By Gream M. Margan

Its President