



Matthew A. Brown, Secretary of State

Providence, RI 02903-1,
401.222.31**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. 20340		2. Name of Corporation UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.			
3. Street Address Principal Business Office 235 Plain Street 101B			City Providence	State RI	Zip 02905
4. Business Phone No. 401-272-0260		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island ORAL SURGEONS OFFICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Francis A. Conner, Jr.			Vice President Name John C. Smekovich		
Street Address 81 Wampanoag Circle			Street Address 1400 Gilbert Stuart Road		
City No. Kingstown	State RI	Zip 02852	City Sunderstown	State RI	Zip 02874
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			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
2,000 NO PAR VALUE			0		

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



File Date	2/19/05
Check No.	21915
By:	CC
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

FRANCIS A. CONNER, JR.

Prior Type Name of Officer

PRESIDENT

Title of Officer

Date

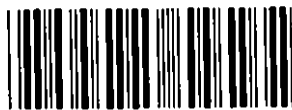
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 20340		2. Name of Corporation UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.			
3. Street Address Principal Business Office 235 Plain Street 101B			City Providence	State RI	Zip 02905
4. Business Phone No. 401-272-0260		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island ORAL SURGEONS OFFICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Francis A Connor Jr			Vice President Name John C Simkewich		
Street Address 81 Hampanawog Circle			Street Address 1400 Gilbert Stuart Road		
City Woonsocket	State RI	Zip 02892	City Saunderstown	State RI	Zip 02874
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			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
2,000 NO PAR VALUE			0		

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



* 2 0 3 4 0 *

File Date	3/31/04
Check No.	20108
By:	US
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 stated contained herein are true and correct.

Signature of Officer

Francis A Connor, Jr.

Print or Type Name of Officer

PRESIDENT

Title of Officer

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.

20340

2. Name of Corporation

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.

3. Street Address Principal Business Office

118 Dudley Street

4. Business Phone No.

401-272-0260

5. State of Incorporation

RHODE ISLAND

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

Oral Surgery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Francis A. Connor Jr

John C. Sunkewich

Street Address

Street Address

81 Wampanoag Circle

1400 Robert Stuart Road

City

City

State

State

Zip

Zip

No Kingstown RI

Saunderstown RI

Secretary Name

Treasurer Name

02852

02874

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

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

0

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



* 2 0 3 4 0 *

File Date:

3.6.03

Check No.:

18297

By:

1UP

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Francis A. Connor, Jr.

Print or Type Name of Officer

Title of Officer

President

Form 630 12/02

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.

20340

2. Name of Corporation

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.

3. Street Address Principal Business Office

118 Dudley Street

City

Providence

State

RI

Zip

02905

4. Business Phone No.

401-272-0260

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

Oral surgery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

FRANCIS A. CONNOR, JR.

Vice President Name

JOHN C. SIMKEVICH

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

2,000 NO PAR VALUE

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

ISSUED SHARES

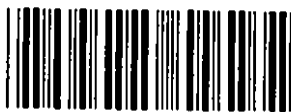
Number of Shares

Class/Series

Par Value

0

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



* 2 0 3 4 0 *

File Date:

2-4-02

Check No.:

16262

By:

[Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

FRANCIS A. CONNOR, JR.

Print or Type Name of Officer

President

Title of Officer

Form 630 1/00

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.

20340

2. Name of Corporation

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.

3. Street Address Principal Business Office

118 Dudley Street

City

Providence

State

RI

Zip

02905

4. Business Phone No.

401-272-0260

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

ORAL surgeon's office

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Francis A. Connor Jr. DDS

Vice President Name

John C. Simkevich DMD

Street Address

159 Prospect Street

Street Address

1400 Gilbert Stuart Rd

City

Providence

State

RI

Zip

02906

City

Saunderstown

State

RI

Zip

02874

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

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

2000 SHS NO PAR VAL

none

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



* 2 0 3 4 0 *

File Date:

2/12/2001

Check No.:

14600

By:

af

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

Francis A. Connor Jr. DDS

Print or Type Name of Officer

President

Title of Officer

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. **20340** 2. Name of Corporation **UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.**

3. Street Address Principal Business Office

118 Dudley Street

City

Providence

State

RI

Zip

02905

4. Business Phone No.

401-272-0260

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9233

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

Oral & Maxillofacial Surgery Practice

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

President Name

Francis A. Connor, Jr., DDS

Street Address

159 Prospect Street

City

Providence

State

RI

Zip

02906

Vice President Name

John C. Simkevich, DMD

Street Address

1400 Gilbert Stuart Road

City

Saunderstown

State

RI

Zip

02874

Secretary Name

Street Address

City

State

Zip

Treasurer Name

Street Address

City

State

Zip

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000 SHS NO PAR VAL

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

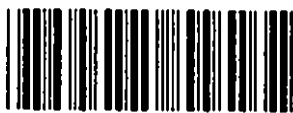
ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 2 0 3 4 0 *

File Date:

3/17/00

Check No.:

12595

By:

2.

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Francis A. Connor, Jr. DDS

Print or Type Name of Officer

President

Title of Officer

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. 20340		2. Name of Corporation UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.	
3. Street Address Principal Business Office 118 Dudley Street		City Providence	State RI
4. Business Phone No. (401) 272-0260		5. State of Incorporation Rhode Island	6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island Oral and Maxillofacial Surgery Practice			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Francis A. Connor, DDS		Vice President Name John C. Simkevich, DMD	
Street Address 159 Prospect Street		Street Address 1400 Gilbert Stuart Road	
City Providence,	State RI	City Saunderstown,	State RI
Zip 02906		Zip 02874	
Secretary Name Charles P. Silvia, DDS, MD		Treasurer Name	
Street Address 77 Governor Bradford Drive		Street Address	
City Barrington	State RI	City	State
Zip 02806		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)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
2000 SHS NO PAR VAL		-00-	
Par Value		Par Value	

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



File Date: Mar 15, 99

Check No.: 10437

By: FD

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: Francis A. Connor Date: 1/26/99

Print or Type Name of Officer: FRANCIS A. CONNOR, JR.

Title of Officer: PRESIDENT

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.

20340

2. Name of Corporation

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.

3. Street Address Principal Business Office

118 Dudley Street

City

Providence

State

RI

Zip

02905

4. Business Phone No.

401-272-0260

5. State of Incorporation
RHODE ISLAND

6. SIC Code
8233

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

Oral & Maxillofacial Surgery Practice

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

John P. DaSilva, DMD

Street Address

40 Wilbur Hazard Road

City

Saunderstown

State

RI

Zip

02874

Vice President Name

Francis A. Connor Jr. DDS

Street Address

159 Prospect Street #10

City

Providence,

State

RI

Zip

02906

Secretary Name

Richard R. Geisler, DDS

Street Address

PO Box 533

City

Saunderstown,

State

RI

Zip

02874

Treasurer Name

John C. Simkevich, DMD

Street Address

1400 Gilbert Stuart Road

City

Saunderstown

State

RI

Zip

02874

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



* 2 0 3 4 0 *

File Date:

2/26

Check No.:

8801

By:

UD

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

Francis A. Connor, Jr. DDS

Print or Type Name of Officer

Vice-President

Title of Officer

Date

2/10/98

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.

20340

2. Name of Corporation

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.

3. Street Address Principal Business Office

118 Duckey St

City

Prov

State

RI

Zip

02905

4. Business Phone No.

401-272-0260

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

Dental Surgery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

John P. DaSilva

Street Address

40 Wilbur Hazard Rd

City

Saunderstown

State

RI

Zip

02874

Secretary Name

Richard R. Geisler

Street Address

Box 533

City

Saunderstown

State

RI

Zip

02874

Vice President Name

Francis Connor

Street Address

159 Prospect St

City

Providence

State

RI

Zip

02906

Treasurer Name

John Simkewich

Street Address

1400 Gilbert Stuart Rd

City

Saunderstown

State

RI

Zip

02874

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000 SHS NO PAR VAL

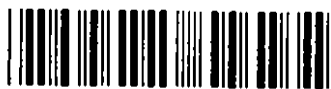
ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 2 0 3 4 0 *

File Date:

3-3-97

Check No.:

5816

By:

11P

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Richard R. Geisler

Print or Type Name of Officer

Secretary

Title of Officer

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 20340		2. NAME OF CORPORATION Oral + Maxillofacial Surgery Associates, Ltd			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 118 Dudley St		CITY Providence	STATE RI		
4. BUSINESS PHONE NO. 401-272-6260		5. STATE OF INCORPORATION Rhode Island			
6. SIC CODE 9233		7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Dental Surgery			
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME John P. DaSilva		VICE PRESIDENT NAME Francis A. Connor Jr.			
STREET ADDRESS 40 Wilbur Hazard Rd		STREET ADDRESS 159 Prospect St			
CITY Saunderstown	STATE RI	ZIP CODE 02874	CITY Providence		
SECRETARY NAME Richard B. Geisler		TREASURER NAME John C. Simkevich			
STREET ADDRESS Box 533		STREET ADDRESS 482 Gilbert Stuart Rd			
CITY Saunderstown	STATE RI	ZIP CODE 02874	CITY Saunderstown		
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2000		NONE	240		

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.

Richard B. Geisler
Signature of Officer

Richard B. Geisler
Print or Type Name of Officer

Secretary
Title of Officer

3/29/96
Date

FORM 31 129

File Date:	3/18/96
Check No:	3748
By:	<i>RC</i>
For Secretary of State Use Only	



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 20340

Annual Report for the year: 1995

Name of Corporation: Oral + Maxillofacial Surgery Associates, Ltd

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

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

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)

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

Phone: () _____

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

Oral + Maxillofacial Surgery Associates

118 Cockey St

Providence, RI 02903

Phone: (401) 272-0260

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

Dentist Surgery

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>John P. DaSilva</u>	<u>40 Wilbur Hazard Rd</u>	<u>Saunderstown, RI 02874</u>

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
VICE PRESIDENT	<u>Francis A. Connor Jr</u>	<u>159 Prospect St</u>	<u>Providence, RI 02906</u>

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	<u>Richard R. Geister</u>	<u>Box 533</u>	<u>Saunderstown, RI 02874</u>

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	<u>John L. Simkevich</u>	<u>482 Gilbert Street Rd</u>	<u>Saunderstown, RI 02874</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

2000

Per Value

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

Number of Shares

Class / Series

Date: 4/5 19 95

By:

Richard R. Geister

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/89

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.

FILED

APR 10 1995

By [Signature]
2/2/09

FILED

APR 10 1995

By [Signature]

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

Corporate ID: 0020340 Annual Report for the year: 1994

Name of Business Entity: ORAL SURGERY ASSOCIATES, LTD.

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

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: ()

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

120 Dudley Street
Providence, RI 02903

Phone: (401) 272-0260

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

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

Guido R. Salvatore, Esq., Reg. Agent
123 Dyer Street
Providence, RI 02903

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

Date of Organization: 1977 6/30/70

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
<u>John P. DaSilva</u>	<u>Quarry Road</u>	<u>Saunderstown, RI</u>	<u>02874</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
<u>Francis A. Connor, Jr.</u>	<u>70 Crestridge Rd.</u>	<u>E. Greenwich, RI</u>	<u>02818</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
<u>Richard R. Geisler</u>	<u>P.O. Box 533</u>	<u>Saunderstown, RI</u>	<u>02874</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
<u>John C. Simkevich</u>	<u>482 Gilbert Stuart Rd.</u>	<u>Saunderstown, RI</u>	<u>02874</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>John P. DaSilva</u>	<u>As above</u>		
<u>Francis A. Connor, Jr.</u>	<u>As above</u>		
<u>Richard R. Geisler</u>	<u>As above</u>		
<u>John C. Simkevich</u>	<u>As above</u>		

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR Without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 300

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR Without par value

Date January 19 94

By: [Signature]

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0020340 Annual Report for the year 1993

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental and oral surgery

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

FIFTH: Business address in Rhode Island 120 Dudley Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
John P. DaSilva	Director	Quarry Rd., Saunderstown, RI 02874
Francis A. Connor, Jr.		70 Crestridge Road, E. Greenwich, RI 02818
Richard R. Geisler	Director	P.O. Box 533, Saunderstown, RI 02874
John C. Simkevich	Director	482 Gilbert Stuart Rd., Saunderstown, RI 02874
John P. DaSilva	President	As above
Francis A. Connor, Jr.	Vice President	As above
Richard R. Geisler	Secretary	As above
John C. Simkevich	Treasurer	As above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

PAID

Series

Par Value
or statement that
shares are without
par value

JAN 26 1993

Without par value

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

Series

Par Value
or statement that
shares are without
par value

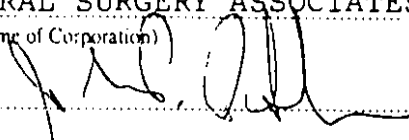
Without par value

Dated January 19 93

ORAL SURGERY ASSOCIATES, INC.

(Name of Corporation)

By



(Report must be signed by an officer)

Title President

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0020340 Annual Report for the year 1992

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental and oral surgery

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

FIFTH: Business address in Rhode Island 120 Dudley Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA SILVA		Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., E. Greenwich, RI
RICHARD R. GEISLER		Box 4340, RFD #1, Saunderstown, RI 02871
JOHN C. SIMKEVICH	Director	482 Gilbert Stuart Rd., Saunderstown, RI
CLARK A. SAMMARTINO	President	As above <i>Clark A. Sammartino</i>
JOHN P. DA SILVA	Vice President	As above <i>John P. Da Silva</i>
RICHARD R. GEISLER	Secretary	As above <i>Richard R. Geisler</i>
FRANK A. CONNOR, JR.	Treasurer	As above <i>Frank A. Connor, Jr.</i>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

Series
PAID

JAN 30 1992

Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

SECY OF STATE

Without par value

Dated JANUARY 19 92

ORAL SURGERY ASSOCIATES, INC.

(Name of Corporation)

By *Clark A. Sammartino*

Title President

(Report must be signed by an officer)

Corporate ID 0020340 Annual Report for the year 1991

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental and oral surgery

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

120 Dudley Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA SILVA		Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., E. Greenwich, RI
RICHARD R. GEISLER		Box 434D, RFD #1, Saunderstown, RI
JOHN C. SIMKEVICH	Director	482 Gilbert Stuart Rd., Saunderstown, RI
CLARK A. SAMMARTINO	Prcsident	As above
JOHN P. DA SILVA	Vice President	As above
RICHARD R. GEISLER	Secretary	As above
FRANK A. CONNOR, JR.	Treasurer	As above

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID

14N 04 1991

SEC'Y OF STATE

Dated February 19 91

ORAL SURGERY ASSOCIATES, INC.
(Name of Corporation)

By Clark A. Sammartino

Title President

(Report must be signed by an officer)

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0020930 Annual Report for the year 1990

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental and oral surgery

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

120 Dudley Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA SILVA		Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., E. Greenwich, RI
RICHARD R. GEISLER		Box 434D, RFD #1 Saunderstown, RI
JOHN C. SIMKEVICH	Director	482 Gilbert Stuart Rd., Saunderstown,
CLARK A. SAMMARTINO	President	As above
JOHN P. DA SILVA	Vice President	As above
RICHARD R. GEISLER	Secretary	As above
FRANK A. CONNOR	Treasurer	As above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

Par Value
or statement that
shares are without
par value

Without

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

Par Value
or statement that
shares are without
par value

Without

Dated February 19 90

ORAL SURGERY ASSOCIATES, INC.
(Name of Corporation)

By Wm A. Connor

Title Treasurer

(Report must be signed by an officer)

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0020340 Annual Report for the year 1989

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental and oral surgery

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

120 Dudley Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA SILVA		Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., E. Greenwich, RI
RICHARD R. GEISLER		Box 434D, RFD #1 Saunderstown, RI
JOHN C. SIMKEVICH	Director	482 Gilbert Stuart Rd., Saunderstown,
CLARK A. SAMMARTINO	President	As above
JOHN P. DA SILVA	Vice President	As above
RICHARD R. GEISLER	Secretary	As above
FRANK A. CONNOR	Treasurer	As above

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

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

FEB 21 1989

SECRET OF STATE

Dated February 17, 1989

ORAL SURGERY ASSOCIATES, INC.
(Name of Corporation)

By C. J. Haman, Jr., D.M.D.

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

0.42

Corporate ID 20340 Annual Report for the year 1988

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is DENTAL AND ORAL SURGERY
n/a

FOURTH: If foreign corporation, address of its principal office
120 Dudley Street, Providence, Rhode Island

FIFTH: Business address in Rhode Island

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA SILVA		Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr, East Greenwich, RI
RICHARD R. GEISLER		Box 434D, RFD #1, Saunderstown, RI
JOHN C. SIMKEVICH	Director	482 Gilbert Stuart Rd., Saunderstown, RI
CLARK A. SAMMARTINO	President	AS ABOVE
JOHN P. DA SILVA	Vice President	AS ABOVE
RICHARD R. GEISLER	Secretary	AS ABOVE
FRANK A. CONNOR	Treasurer	AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

Series
PAID

Par Value
or statement that
shares are without
par value
without

MAR 10 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

SEC'Y OF STATE

Par Value
or statement that
shares are without
par value
without

Dated February 19 88

ORAL SURGERY ASSOCIATES, INC.

(Name of Corporation)

By Clark A. Sammartino

(Report must be signed by an officer)

Title President

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 20340 Annual Report for the year 1987

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is DENTAL AND ORAL SURGERY

FOURTH: If foreign corporation, address of its principal office
n/a

FIFTH: Business address in Rhode Island
120 Dudley Street, Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA SILVA	"	Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., East Greenwich, RI
RICHARD R. GEISLER	:	Box 434D, RFD #1, Saunderstown, RI
JOHN C. SIMKEVICH	Director	482 Gilbert Stuart Rd., Saunderstown,
CLARK A. SAMMARTINO	President	AS ABOVE
JOHN P. DA SILVA	Vice President	AS ABOVE
RICHARD R. GEISLER	Secretary	AS ABOVE
FRANK A. CONNOR	Treasurer	AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
2,000	Common	

Par Value
or statement that
shares are without
par value

without
MAR 24 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
300	Common	

Par Value
or statement that
shares are without
par value

without

Dated January 19 87

PAID
MAR 24 1987
SEAL OF STATE
ORAL SURGERY ASSOCIATES, INC.

(Name of Corporation)

By Clark A. Sammartino

Title President

(Report must be signed by an officer)

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 20340 Annual Report for the year 1986

FIRST: The name of the corporation is ORAL SURGERY ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dental and oral surgery.

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

120 Dudley Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DA DILVA		Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., E. Greenwich, RI
RICHARD R. GEISLER		Box 434D, RFD #1, Saunderstown, RI
JOHN C. SIMKEVICH	Director	482 GILBERT STUART RD. SAUNDERSTOWN, RI 02874
CLARK A. SAMMARTINO	President	
JOHN P. DA SILVA	Vice President	
RICHARD R. GEISLER	Secretary	
FRANK A. CONNOR	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	common

PAID

Par Value
or statement that
shares are without
par value

without

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	common

RECORDED
MAY 01 1986
STATE

Par Value
or statement that
shares are without
par value

without

Dated February 1986

ORAL SURGERY ASSOCIATES, INC.

(Name of Corporation)

By

Clark A. Sammartino

(Report must be signed by an officer)

Title

President

Filing fee: \$15.00

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

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

20340

Annual Report for the year 1985

FIRST: The name of the corporation is

ORAL SURGERY ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

Dental and oral surgery

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 120 Dudley Street, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
CLARK A. SAMMARTINO	Director	95 Peaceful Lane, N. Kingstown, RI
JOHN P. DASILVA	Director	Quarry Rd., Saunderstown, RI
FRANK A. CONNOR, JR.	Director	70 Crestridge Dr., E. Greenwich, RI
RICHARD R. GEISLER	Director	Box 434D, RFD #1, Saunderstown, RI
CLARK A. SAMMARTINO	President	as above
JOHN P. DASILVA	Vice President	"
RICHARD R. GEISLER	Secretary	"
FRANK A. CONNOR	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
2,000	common		without

EIGHTH: Number of Shares issued:

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

Dated: February 1985

ORAL SURGERY ASSOCIATES, LTD.
(Name of Corporation)

RECEIVED MAR 1985

By *Clark A. Sammartino*
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

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
ORAL SURGERY ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is
Dental and oral surgery

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 120 Dudley Street, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, N. Kingstown, RI
John P. DaSilva		Quarry Rd., Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., E. Greenwich, RI
Richard R. Geisler		Box 434D, RFD #1, Saunderstown, RI
	Director	
Clark A. Sammartino	President	as above
John P. DaSilva	Vice President	as above
Richard R. Geisler	Secretary	as above
Frank A. Connor, Jr.	Treasurer	as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: February

19 84

ORAL SURGERY ASSOCIATES, LTD.

(Name of Corporation)

FEB 28 1984

By *Clark A. Sammartino*
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

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~~ 1983

FIRST: The name of the corporation is

ORAL SURGERY ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Dental and oral surgery

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Regency, 60 Broadway, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, N. Kingstown, RI
John P. DaSilva		Quarry Rd., Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., E. Greenwich, RI
Richard R. Geisler	Director	Box 434D, RFD #1, Saunderstown, RI
Clark A. Sammartino	President	as above
John P. DaSilva	Vice President	as above
Richard R. Geisler	Secretary	as above
Frank A. Connor, Jr.	Treasurer	as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	3	No par

Dated: February

19 83

ORAL SURGERY ASSOCIATES, LTD.

(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 ORAL SURGERY ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is dental and oral surgery.

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Regency, 60 Broadway, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, N. Kingstown, RI
John P. DaSilva	Director	Quarry Rd., Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., E. Greenwich, RI
Richard R. Geisler	Director	Box 434D, RFD #1, Saunderstown, RI
Clark A. Sammartino	President	as above
John P. DaSilva	Vice President	as above
Richard R. Geisler	Secretary	as above
Frank A. Connor, Jr.	Treasurer	as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: February 28 19 82

4
15
62
ORAL SURGERY ASSOCIATES, LTD.

(Name of Corporation)

By

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

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

Drs. Sammartino, DaSilva, Connor and Geisler, 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. Sammartino, DeSilva, Connor and Geisler, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is Regency, 60 Broadway, Providence, RI and the name of its registered agent in Rhode Island at such address is Guido R. Salvadore, Esq., 123 Dyer Street, Providence, RI 02903

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Dental and oral surgery

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

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, N. Kingstown, RI
John P. DaSilva	Director	Quarry Road, Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., E. Greenwich, RI
Richard R. Geisler	Director	Box 434D, RFD#1, Saunderstown, RI
	Director	
	Director	
Clark A. Sammartino	President	same as above
John P. DaSilva	Vice President	same as above
Richard R. Geisler	Secretary	same as above
Frank A. Connor, Jr.	Treasurer	same as above

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
2000	Common	28 E	No Par

*****090001500
2258A140001500B1

MAR 23 1981

~~MAR 19 1981~~

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>
500	Common		No Par

Dated February 27, 1981

Drs. Sammartino, DaSilva, Connor and Geisler,
Inc.
(NAME OF CORPORATION)

By *Robert A. Sammartino*
Its President

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

DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, INC.

FIRST: The name of the corporation is _____

SECOND: It is incorporated under the laws of Rhode Island

Regency, 60 Broadway, Providence, Rhode Island

Guido R. Salvadore, Esq., 600 Turks Head Building, Providence, RI

Island, briefly stated, is dental and oral surgery

Name	Office	Address
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Clark A. Sammartino	Director	95 Peaceful Lane, No. Kingstown, RI
John P. DaSilva	Director	Quarry Road, Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., Ea. Greenwich, RI
Richard R. Geisler	Director	Box 343D, RFD #1, Saunderstown, RI
	Director	
	Director	
Clark A. Sammartino	President	same as above
John P. DaSilva	Vice President	same as above
Richard R. Geisler	Secretary	same as above
Frank A. Connor, Jr.	Treasurer	same as above

Number of
Shares

Class

Series

3

Par Value per Share
or Statement that
Shares are without
Par Value

2000

Common

5.

No Par

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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>
300	Common		No Par

Dated February 21, 19 80

DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, INC.
(NAME OF CORPORATION)

By Clark A. Sammartino, Pres
Its President

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
 1979 ANNUAL REPORT
 OF

DRS. SAMMARTINO, DASILVA, CONNOR & GEISLER, 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. SAMMARTINO, DASILVA, CONNOR & GEISLER, INC.

SECOND: It is incorporated under the laws of Rhode Island

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

Regency, 60 Broadway, Providence, RI

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

Guido R. Salvadore, 600 Turks Head Bldg, Providence, RI.

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 dental and oral surgery.

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

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, N. Kingstown, RI
John P. DaSilva	Director	Quarry Road, Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., E. Greenwich, RI
Richard R. Geisler	Director	Box 434D, RFD #1, Saunderstown, RI
	Director	
	Director	
Clark A. Sammartino	President	as above
John P. DaSilva	Vice President	" "
Richard R. Geisler	Secretary	" "
Frank A. Connor, Jr.	Treasurer	" "

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
2000	common	01	no par

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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>
300	common		no par

Dated January , 1979

DRS. SAMMARTINO, DaSILVA, CONNOR & GEISLER, INC
(NAME OF CORPORATION)

By *Clay J. Sammartino*

is President

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>
300	Common		No Par

Dated February 21, 19 78

DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, INC.
(NAME OF CORPORATION)

By

Clod A. Sammartino

Its President

State of Rhode Island and Providence Plantations**OFFICE OF THE SECRETARY OF STATE****1977 ANNUAL REPORT****OF**

DRS. SAMMARTINO, DASILVA, CONNOR & GEISLER, 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:

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SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
Regnecy, 60 Broadway, Providence, Rhode Island

and the name of its registered agent in Rhode Island ~~at such address~~ is
Guido R. Salvadore, 600 Turks Head Building, Providence, Rhode Island

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Dental and oral surgery

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

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, No. Kingstown, RI
John P. DaSilva	Director	Quarry Road, Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., Ea. Greenwich, RI
Richard R. Geisler	Director	Box 434D, RFD #1, Saunderstown, RI
	Director	
	Director	
Clark A. Sammartino	President	same as above
John P. DaSilva	Vice President	same as above
Richard R. Geisler	Secretary	same as above
Frank A. Connor, Jr.	Treasurer	same as above

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
2000	common		no par

MAR 9 1977
[Signature]

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>
300	common		no par

Dated January , 19 77

DRS. SAMMARTINO, DaSILVA, CONNOR & GEISLER, INC.
(NAME OF CORPORATION)

By Cliff A. Sammartino
Its President

State of Rhode Island and Providence Plantations**OFFICE OF THE SECRETARY OF STATE****1976 ANNUAL REPORT****OF**

DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, 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. Sammartino, DaSilva, Connor and Geisler, Inc.

SECOND: It is incorporated under the laws of Rhode Island

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

Regency, 60 Broadway, Providence, Rhode Island

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

Guido R. Salvadore, Esq., 600 Turks Head Bldg., Providence, RI

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Dental and Oral Surgery

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

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, No. Kingstown, RI
John P. DaSilva	Director	Quarry Road, Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., Ea. Greenwich RI
Richard R. Geisler	Director	Box 4340, RFD #1, Saunderstown, RI
	Director	
	Director	
Clark A. Sammartino	President	same as above
John P. DaSilva	Vice President	same as above
Richard R. Geisler	Secretary	same as above
Frank A. Connor, Jr.	Treasurer	same as above

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
2000	Common		No Par

FEB 27 1976

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</u> <u>Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share</u> <u>or Statement that</u> <u>Shares are without</u> <u>Par Value</u>
300	Common		No Par

Dated February 23, 1976

DRS. SAMMARTINO, DASILVA, CONNOR AND
(NAME OF CORPORATION)
GEISLER, INC.

By Carl A. Sammartino
Its President

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

DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, 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. Sammartino, DaSilva, Connor and Geisler, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
Regency, 60 Broadway, Providence, Rhode Island
and the name of its registered agent in Rhode Island at such address is
Guido R. Salvatore, Esq., 600 Turks Head Bldg., Providence, RI

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Dental and oral surgery.

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

Name	Office	Address
Clark A. Sammartino	Director	95 Peaceful Lane, No. Kingstown RI
John P. DaSilva	Director	Quarry Road, Saunderstown, RI
Frank A. Connor, Jr.	Director	70 Crestridge Dr., Ea. Greenwich RI
Richard R. Geisler	Director	Box 434D, RFD #1, Saunderstown, RI
	Director	
	Director	
Clark A. Sammartino	President	same as above
John P. DaSilva	Vice President	same as above
Richard R. Geisler	Secretary	same as above
Frank A. Connor, Jr.	Treasurer	same as above

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
2,000	common		no par

FEB 27 1976

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>
300	common		no par

Dated February 26, 19 75

DRS. SAMMARTINO, DASILVA, CONNOR AND
(NAME OF CORPORATION) GEISLER, INC.

By ✓ *Clad A. Sammartino*
Its *R. Sammartino*

Filing fee: \$15.00

Rhode Island
Oral Surgeons
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. SAMMARTINO, DA SILVA, CONNOR & GEISLER, 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. Sammartino, DaSilva, Connor & Geisler, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 600 Turks Head Building, Providence, R.I.

and the name of its registered agent in Rhode Island at such address is Guido R. Salvatore, Esq.

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 _____

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is rendering services to dentists, dental and oral surgeons

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

Name	Office	Address
Clark A. Sammartino	Director	41 Boxwood Dr., E. Greenwich, R.I.
John P. DaSilva	Director	Quarry Road, Saunderstown, R.I.
Frank A. Connor, Jr.	Director	70 Crestridge Dr., E. Greenwich, R.I.
Richard R. Geisler	Director	Box 434D, RFD #1, Saunderstown, R.I.
	Director	
	Director	
Clark A. Sammartino	President	Same as above
John P. DaSilva	Vice President	Same as above
Richard R. Geisler	Secretary	Same as above
Francis A. Connor, Jr.	Treasurer	Same as above

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:

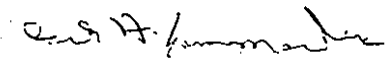
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	Common		no par

MAR 11 1974

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>
300	Common		no par

Dated Feb. 27, 1974 DRS. SAMMARTINO, DASILVA, CONNOR & GEISLER, INC.
(NAME OF CORPORATION)

By 
Its President

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