Form 630 Rev. 12/03

| Filing Period: January (FORM MUST BE TYPED O | y I - March 1 🕒 🔹 | ANNUAL REPOR | RT FOR THE YE | AR20 | 05 | |
|---|----------------------|------------------------------|---|-------------------------------------|--------------------------------|--|
| 1. Corporate ID No. 20340 | 2 Name of Co. | | CIAL SURGERY ASSOCIA | TES LTD | | |
| 3. Street Address Principal Bi | usiness Office | | למש | State | Zip | |
| | 101B | | Providence | e e | | |
| 4 Business Phone No | _ | 5. State of Incorporation | 1 | | 6. SIC Code | |
| 7. Brief Description of the Ch | Saloo | RHODE ISLAND |) | | 9233 | |
| 7. Brief Description of the Ch ORAL SURGEON: | S OFFICE | cica in knode island | | | | |
| 8. NAMES AND ADDR President Name | ESSES OF THE OFF | ICERS: ("X" BOX FOR AT | TACHMENT) [FILL 1] Vice President Name | N SPACES BEFORE USI | NG ATTACHMENTS | |
| Imrie A | more le | | 1-1 00 | - Ar Wate | | |
| Street Address | | | Street Address | mkwich. | | |
| 81 Wampa | owo Cucre | | 1400 Gubert | Styart Roa | .d | |
| No Kingston | State D (| Zip | City | State | Zip | |
| Secretary Name | SY C. 1. FC | 1 03852 | Tronsurer Name | W Y |) O2874 | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | | | |
| | | ···· | City | State | Zφ | |
| 9. NAMES AND ADDRI | ESSES OF THE DIRE | CTORS: (*X* BOX FOR A | TTACHMENT) [FILL. Director Name | IN SPACES BEFORE US | I SING ATTACHMENTS | |
| Street Address | | | Street Address | <u> </u> | | |
| City | State | Zip | City | State | Zip | |
| Director Name | • | | Director Name | | | |
| Street Address | | | Street Address | | | |
| Chy | State | Ζψ | City | State | Zip | |
| 10. SHARES AUTHORIZ AUTHORIZED SHARES | ZED ("X" BOX FOR | RATTACHMENT) | 11. SHARES ISSUED | (*X" BOX FOR ATTAC | HMENT) [| |
| Number of Shares | Class Series | Par Value | Number of Shares | Class Series | Par Value | |
| 2,000 NO PAR VALUE | | | 0 | | | |
| | | | | | | |
| This report mus | t be signed in ink b | y either the President, Vice | President, Secretary, Assist | tant Secretary, Treasurer | . Receiver or Trustee | |
| | | | | · | _ | |
| | | FIEIT 8811 1881 | Under penalty of po | erjury. I declare and affirm | that I have examined this rep | |
| File Date | 25 | | contained herein an | mpanying sphedules and its correct. | atements, and that-all stateme | |
| Check No. | 415 | | Signature of Officer | A. Carrias | Date | |
| Ry: | Y | _ | Print or Type Name | of Officer | <u> </u> | |
| FOR SECRETARY (| OF STATE USE ONLY | | Title of Officer | | | |

Director Name

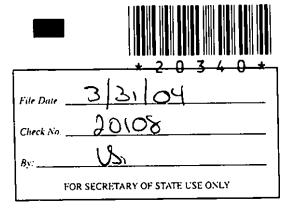
Street Address

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2 Name of Corporation 1. Corporate ID No. UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD 20340 Z.ip 3. Street Address Principal Business Office RR C29905 thousance :235 Plan Sheet 6 SIC Code 5. State of Incorporation 4 Business Phone No 9233 RHODE ISLAND 401. 372-0260 7. Brief Description of the Character of Business Conducted in Rhode Island **ORAL SURGEONS OFFICE** FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Street Address $_{eta}$ City City Zıp 026s3 No Krud Secretary Name Street Address Street Address Z.ip City State Z.(p City State ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)

| City | State | Zip | City | State | (Zip | | |
|--|--------------------------|-----------------------------|--|---------------------------|---------------------|--|--|
| Director Name | J | | Director Name | | | | |
| Street Address | <u> </u> | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class Series | Par Value | | |
| 2,000 NO PAR VALU | VALUE | | 0 | | | | |
| | | | | | | | |
| This report m | nust be signed in ink by | v either the President, Vic | e President, Secretary, Assi | stant Secretary, Treasure | r. Receiver or Trus | | |

Director Name

Street Address



| | / ! | |
|--|------------------|--------------------------------------|
| Inder penalty of perjury. I declare and affin nelucing any accompanying rehecoles and | m that I have co | camined this re I that all staten |
| contained herein are true and correct. | / | . 2/2/6 |
| igndive of Officer KRAUCIS A WNN | 10R, J | P. |
| Print or Typ Riame of Officer RES I DENT | | |
| Title of Officer | Form | 1 630 Rev. 12/0 |

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| | RPORATION ANNUAL REPORT FOR THE YEAR 2003 10 In the state of the stat | SIQ PIJASI, INSTRUC |
|--------------------|--|---------------------------|
| M MUST BE TYPED OR | PRINTED IN BLACK) | |
| orporate ID No. | 2. Name of Corporation | |
| 20340 | UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD. | |

| 20340 | UNIVERSIT | Y ORAL AND MAXILLOFACIA | AL SURGERY ASSOCIATES, L | TD. | |
|---|----------------------------|------------------------------|---|--------------------|----------------------|
| 3. Street Address Principal Busin | ess Office | | CUX | State | Zip |
| 1. Business Phone No. | sheet | S. State of Incorporation | , Providence | Q.L | 02905 6. SIC Code |
| 401-272-08 7. Brief Description of the Chara | Cter of Business Conducted | RHODE ISLAND in Rhode Island | | | 9233 |
| Oral Surger | 4 | | | | |
| 8. NAMES AND ADBR President Name | ESSES OF THE OFF | FICERS (*X* BOX FOR ATTACH | MENT) FILL IN SPACES BEF Vice President Name | ORE USING ATTACHM | ENTS |
| Street Address | going | | sue Kangs C Sun | xevich | |
| 81 Wanpan | og Curcie | Zip | School C Sim | Stuart Road | Zip |
| 81 Wampan City No Kungsto Secretary Name | is p | C5880 · | Sauraces to war | er . | 058JH |
| Street Address | | | Street Address | | |
| City | State | Zip | Chy | State | Zip |
| 9. NAMES AND ADDR Director Name | ESSES OF THE DIF | RECTORS (*X* BOX FOR ATTAC | CHMENT) FILL IN SPACES BE Director Name | EFORE USING ATTACH | IMENTS |
| 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 AUTHORIZ | ZED (*X* BOX FOR AT | TACHMENT) | 11. SHARES ISSUED ("X" BI | OX FOR ATTACHMENT) | |

Number of Shares

Class/Series

Por Value

ESSUED SHARKS

Number of Shares

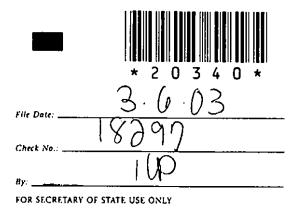
Class/Series

Par Value

2,000 NO PAR VALUE



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



| Under penalty of perjury, I declare and affirm that I | have examined |
|---|--------------------|
| this report, including any accompanying schedules : | and statements, ai |
| that all statements contained herein are true and co | |
| Monde 11 Grund | 14/03 |
| Signature of Officer A Dat | . / _ |
| FRANCIS A. KONNOR, | VR- |
| Print or Type Same of Officer fullet | |
| Title of Officer S | Fern 630 12/02 |

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

| Filing | Period: | January | 1-March 1 | • | Filing | Fec: | \$50 | 00 |
|--------|---------|---------|-----------|---|--------|------|------|----|

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

| 203 | 40 |
|-----|----|
|-----|----|

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.

3. Street Address Principal Business Office 118 Dudley 4. Rusiness Phone No.

5. State of Incorporation

ioui dence

Zip 02905

6. SIC Code 9233

0260-Ers-104

RHODE ISLAND

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

| OFOL DUC B. NAMES AND AI | PRESSES OF THE | OFFICERS (*X* BOX FOR A | ATTACHMENT) - FILL IN SPA | CES BEFORE USING AT | TACHMENTS |
|--|----------------|-------------------------|------------------------------------|---------------------|-----------|
| President Name FKAN Street Address | icis A. Go | UNDE, IR | Vice President Name Street Address | T $/$ $/$ | IMKE VICH |
| City | State | Zip | City | State | Zip |
| Secretary Name | | ••• | . Trensurer Name | | •• |
| Street Address | | | Street Address | | |

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

Street Address

Street Address

City

City

State

State

State

State

Zip

2.1p

Director Name

Director Name

Street Address

Street Address

Zio

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESSUED SHARES

Number of Shares

Class/Series

2,000 NO PAR VALUE

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



File Date: _

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this seport, including any accompanying schedules and statements, an-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

| Filing Period: | January 1-March | 1 | • | Filing | Fec: \$50 | .00 |
|----------------|-----------------|---|---|--------|-----------|-----|

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

2. Name of Corporation

| 2 | 0 | 3 | 4 | 0 |
|---|---|---|---|---|
|---|---|---|---|---|

UNIVERSITY ORAL AND MAXILLOFACIAL SURGERYASSOCIATES, LTD.

| 3. Street Address Principal Business | Office | | City- | State | Zip |
|--------------------------------------|----------------------|---------------------------|------------------------------|---------------------|-------------|
| 118 Dudle | y Street | | Providence | RI | 02905 |
| i, nusiness Phone No. | | 5. State of Incorporation | 7.07.00.10 | · | 6. SIC Code |
| 401-272-026 | | RHODE ISLAND | | | 9233 |
| 7. Brief Description of the Characte | · · | Rhode Island | | | |
| ORAL Surgea | n's office | | | | |
| B. NAMES AND ADDRES | SES OF THE OFFIC | CERS ("X" BOX FOR ATTACH | | FORE USING ATTACHM | ENTS |
| Francis A. C. | on not Ita | Mc | Vice President Name | (a. T) MAD | |
| | | בעט | John C. Sink | evich DIMD | |
| 159 Prosper Providence | et Street | | 1400 6, 16ert Saundustrun | Stuart Rd | |
| City D | State | Zip | City | State | Zip |
| Providence | KI | 02906 | Saundistrun | RI | 02874 |
| secretary Name | | • | Treasurer Nume | | • |
| Street Address | | | Street Address | | |
| | | | Street Ammess | | |
| Olty | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRES | SES OF THE DIDE | CTODS (eve nov con accus | content Diff is the open | TEADS (ISSUE) | |
| Director Name | SLS OF THE DIRE | CTORS (A BOAFOR ATTAI | Director Name | BEFORE USING ATTACH | MEN12 |
| | | | | | |
| treet Address | | | Street Address | | |
| City | State | Zip | · City | State | Zip |
| | | • | • | | |
| Director Name | | | Director Name | | |
| treet Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| IO. SHARES AUTHORIZE | D ("X" BOX FOR ATTAC | CHMENT) | 11. SHARES ISSUED (*x*) | BOX FOR ATTACHMENT) | |
| AUTHORIZED SHARES | | | | ne | |
| Sumher of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2000 SHS NO PAR | VAL | | | | |

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

| * 2 0 3 4 0 * | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements. |
|-------------------------------------|---|
| Elle Date: 14600 | that all statements contained herein are frue and correct. 13/0/ Signature of Officer Doub |
| By: FOR SECRETARY OF STATE USE ONLY | Francis A. Connot/Jr. DDS Print or Type Name of Officer President Title of Officer |

PR

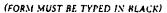
| Filing Period: January 1-March 1 | • | Filing | Fee: | \$50.00 |
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| OFIT CORPORATION ng Period: January 1-March 1 • | ANNUAL REPORT FOR THE YEAR 2000 Filing Fee: \$50.00 | STO PH ASE INSTRUC |
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| M MUST BE TYPED IN BLACK) | | |



| (FORM MUST BE TYPED IN F | BLACK) | - | | | |
|---|------------------------------|---|---|-------------------------|---|
| 1. Corporate ID No. 20340 | 2. Name of Corp. UNIVERSI | oration TY ORAL AND MAXILL | OFACIAL SURGERYAS | SOCIATES, LTD. | . |
| 3. Street Address Principal Busin | | •- | City | State | Zip |
| 118 Dudley Str | reet | | Providence | RI | 02905 |
| 4. Business Phone No. | | 5. State of Incorporation RHODE ISLAND | · | | 6. SIC Cade |
| 401-272-0260 7. Brief Description of the Chara | cter of Business Conducte | | | | 9233 |
| Oral & Maxillo | facial Surge | ry Practice | | | |
| 8. NAMES AND ADDR | ESSES OF THE OF | FICERS ("X" BOX FOR ATTACH | MENT) FILL IN SPACES Vice President Name | BEFORE USING ATTA | CHMENTS |
| Francis A. Con | nor, Jr., DD | 5 | John C. Simkevi | ch, DMD | |
| 159 Prospect S | Street | | 1400 Gilbert St | uart Road | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02906 | Saunderstown | RI | 02874 |
| Secretary Name | | • | Treasurer Name | ************* | • • • |
| Street Address | | | Street Address | | |
| City | State | Zip | Glty | State | Zip |
| A \$143400 4510 4000 | | | ; | | |
| 9. NAMES AND ADDR. Director Name | ESSES OF THE DI | RECTORS (*x* BOX FOR ATTAC | CHMENT) FILL IN SPACE Director Name | S BEFORE USING AT | TACHMENTS |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | • | , Director Name | • | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ | ZED (*X* BOX FOR AT | TTACHMENT) | 11. SHARES ISSUED (* ISSUED SHARES | X" BOX FOR ATTACHMEN | (T) |
| Number of Shares | Class/Series | Far Value | Number of Shares | Class/Series | Par Value |
| 2000 SHS NO PAR | | V | 1 | Ciuss/3erres | Far Value |
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| | | | l <u></u> - | | · - |
| This report must be sig | gned in ink by ei | ther the President, Vice Pi | resident, Secretary, Assi: | stant Secretary, Trea: | surer, Receiver or Tru |
| | | | | | |
| * | 20340 | * | | | rm that I have examined hedules and statements, |
| File Date: | 17/100 | | | entained herein age tru | |
| Check No.: 125 | 595 | | Signature of Officer | WWW.LIL. | Date Date |
| Ву: | <u> </u> | | Francis A. Print or Type Name of Of | Connor, Jr. DD | <u> </u> |
| FOR SECRETARY OF STATE US | E ONLY | | President Title of Officer | | |

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00





| 1. Corporate ID No. 20340 | 2 Name of Corporat UNIVERSIT | YORAL AND MAXIL | LOFACIAL SURGERYA | ASSOCIATES, LTD. | |
|------------------------------------|--|---|---------------------------------------|--|------------------------|
| 3. Street Address Principal Busine | ss Office | - | ₹ City | State | - [zip: |
| 118 Dudley St | reet | | Providence | RI | 02905 |
| 4. Business Phone No. | •. | 5. State of Incorporation | •• | | 6. SIC Code |
| [(401) 272-026 | = | | Island | | 9233 |
| 7. Brief Description of the Charac | | | | | • • • • • • |
| | | Surgery Pract | | | |
| 8. NAMES AND ADDRE | SSES OF THE OFFI | CERS (*X* BOX FOR ATTAC | CHMENT) OFILL IN SPACES | BEFORE USING ATTAC | HMENTS |
| Francis A. Co | nnor DDS | | Vice President Name | | |
| Street Address | imor, bbs | | John C., Simk | evich, DMD | |
| 159 Prospect | Street | | : | Charact Bara | |
| City | State | Zip | : 1400 Glibert | . Stuart Road | ZIp |
| Providence, | RI | 02906 | Saunderstown | ı ı RI | · |
| Secretary Name | | # for the control of | Treasurer Name | I N.L | |
| Charles P. Si | lvia, DDS, N | 4D | | | |
| Street Address | • | | Street Address | | • - |
| . 77 Governor B | | | | | |
| City | State | Zip | City | State | T Zip |
| Barrington | RI | 02806 | <u> </u> | | <u> </u> |
| Director Name | 22F2 OF THE DIKE | CTORS ("X" BOX FOR AT | TACHMENT) FILL IN SPACE | ES BEFORE USING ATTA | CHMENTS |
| | | | Director Nume | | |
| Street Address | | | Street Address | | |
| į | | | | | |
| t čių | State | Zip | : City | State | * Zip |
| | | | : | | ! |
| Director Name | • • | • | Director Name | **** . * | |
| | | | ; | | |
| Street Address | | | Street Address | | |
| City | • | | | 4 - | , |
| City | State | Zip | City | State | . Zip |
| 10. ȘHARES AUTHORIZ | ED (eve nov con arre | | i ii enance recircis ? | "X" BOX FOR ATTACHMENT | , |
| AUTHORIZED SHARES | TO CY BOX YOR WILL | CHNENII | RZOED SHARPS 1220 FID (| X BOX FOR ATTACHMENT | ′ - |
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| 2000 0110 110 7 711 | 175 | | -00- | | į |
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| This report must be sign | ned in ink by sith | er the President Vice | President, Secretary, Ass | istant Sociation, Transcu | ras Rogainas as Tens |
| Titis report must be sig | med in link by eith | er the freshdent, vice | Tresident, Secretary, ASS | istant Secretary, measu | irer, Receiver of Irus |
| 1111 | HE HER COLE HILL CICH E | E | | | |
| | | | | | |
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| | | | · · · · · · · · · · · · · · · · · · · | erjury, I declare and affirm ng any accompanying scho | |
| 1 1 4 | 1120 | Λ | | contagner herein are true | |
| File Date: | 1021019 | 4_ | Allan. | H 11/2011 | Jacker |
| | 16110 | | _MVUII | HUMMAN | - 1/26/49 |
| Check No.: | 10457 | | Signature of Officer | 1 Marriago | Date |
| | ~ | | 1 KANCIS | It - WINDUR | ₹ £ . |
| Ву: | <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | | Print or Type Same of O | fficer | |
| FOR SECRETARY OF STATE US | E ONLY | | | DENT | |
| | | | Title of Officer | | _ |

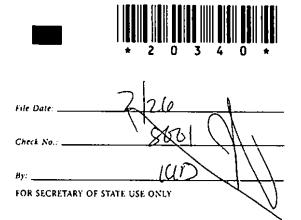
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: fanuary 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)



| 1. Co. 20340 No. | ² ÚNIVÉRSITY "O | RAL AND MAXILLO | FACIAL SURGERYASS | OCIATES, LTD. | |
|--|------------------------------------|----------------------------------|--------------------------------|---------------------|-------------------------|
| 3. Street Address Principal Business Off | îce . | | City | State | Zip |
| 118 Dudley Street 4. Business Phone No. 401~272-0260 | | 5. RHODE ISLAND | Providence | RI | 02905 6. 9233 |
| 7. Brief Description of the Character of | Business Conducted in Rhoo | le Island | | | |
| Oral & Maxillofac 8. NAMES AND ADDRESSE President Name | ial Surgery Pr s of the Officer | actice S (*x* BOX FOR ATTACHM | IENT) - Vice President Name | | |
| John P. DaSilva, | DMD | | Francis A. Connor | Jr. DDS | |
| 40 Wilbur Hazard | Road State | Zip | 159 Prospect Stre | et # 10 | Zip |
| Saunderstown | RI | 02874 | Providence, | RI | 02906 |
| Secretary Name Pichard P. Coisla | ~ DDC | | Treasurer Name | · | |
| Richard R. Geisle: Street Address PO. Port. 522 | I, UUS | | John C. Simkevich | | |
| PO Box 533 | State | Zip | 1400 Gilbert Stua | urt Road State | 710 |
| Saunderstown, | RI | 02874 | Saunderstown | RI | zip 02874 |
| 9. NAMES AND ADDRESSE | S OF THE DIRECTO | ORS ("X" BOX FOR ATTAC | HMENT) | • | 0207. |
| 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 AUTHORIZED SHARES | (*X* BOX FOR ATTACHM | ENT) | 11. SHARES ISSUED (*X* E | BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2000 SHS NO PAR VAI | L | | 0 | | |

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



Under populty of perjury, I declare and affirm that I have examined this roport, including any, accompanying schedules and statements, a that all statements contained herein are true and correct Francis A. Connor, Jr.
Pelat or Type Name of Officer DDS Vice-President Title of Officer

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. 2. Name of Corporation 20340 UNIVERSITY ORAL AND MAXILLOFACIAL SURGERYASSOCIATES, LTD. 3. Street Address Principal Business Office 5. State of Incorporation 372-0260 **RHODE ISLAND** 9233 7. Brief Description of the Character of Business Conducted in Rhode Island OF THE OFFICERS ("X" HOX FOR ATTACHMENT) Street Address Clly 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip City Zio Director Name Street Address Street Address City 210 City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Serles Par Value

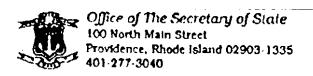
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

2000 SHS NO PAR VAL

| - 2 0 3 4 0 * | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ar |
|---------------------------------|--|
| File Date: 3.3,97 | that all statements contained herein are true and correct. |
| Check No.: 5816 | Signature of Officer Date |
| By: | Print or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | Title of Offices |

Providence, Rhode Island 02903-1335 • (401) 277-3

| | YPE OR PRINT IN BLACK INK. | |
|--|-----------------------------------|---|
| | icial Surgery Asso | Clates, Itd |
| 1 8 DUDLEY ST 4 BUSINESS PHONE NO. IS STATE OF INCORPORATION | Providence | 1 02905 6. SIC CODE |
| 401-212-6260 Rhode 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND | Island | 9233 |
| Dental Surgery | | |
| PRESIDENT NAME | ESSES OF THE OFFICE | R S |
| John P. DaSilva | 1 7 | mnor . Jr. |
| 40 Wilbur Hazard VCd | 159 Prospect S | So- |
| Saunders town STATE KI COS 874 | Providence state | BI 210 COOK |
| SECRETARY HAME RICHARD B. Gelsler STREET ADDRESS | John C. Sim | K-euich. |
| Bex 533 | ISTREET ADDRESS 482 GILBERT S | TURNT Pol |
| Saundersjour STATE RI D2874 | Sa undersoons | YST 21P COOE 02874 |
| 9. NAMES AND ADDR | ESSES OF THE DIRECT OF THE DIRECT | 0 R S |
| STREET ADDRESS | STREET ADDRESS | |
| CITY STATE ZIP CODE | CITY STATE | ZIP COOE |
| DIRECTOR HAME | DIRECTOR HAME | |
| STREET ADDRESS | STREET ADDRESS | |
| CITY STATE ZIP CODE | CITY STATE | ZIP CODE |
| | HORIZEO AND ISSUED | |
| AUTHORIZED SHARES NUMBER OF SHARES CLASS/SERIES PAR VALUE | | SHARES PAR VALUE ' |
| 2000 NONE | 240 | |
| | | |
| | | |
| This report must be President, Vice President, Secretary, A | e SIGNED IN INK by either the | or or Tructon |
| resident, vice resident, Secretary, A | Under penalty of perjury, I | declare and affirm that I have exami |
| File Date: 3/18/96 | this report, including apple | ecompanying schedules and stateme stained herein are true and correct. |
| Check No: 3748 | Signature of Officer | Muse |
| | Print or Type Name of Office | 3. Geister |
| For Secretary of State Use Only | Secretary | 3/29/96 |
| The state of the s | Title of Officer | ' Date FORM 31 12/9 |



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

| Corporate ID: 30340 | OR THE FORM WILL Annual Report | 100 | 5 |
|---|-------------------------------------|-------------------------------------|-----------------------------|
| Name of Corporation: Oral + Mayollo Far Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office: | CICL SURGER Business E 1 Business | 10 | ter 7-1.1) |
| Phone: () Address and selephone of the principal office of business entity in R | | ment of the character of business c | enducted in Rhode Island: |
| Prov. RI 02405 | <u>ates</u> | V | |
| Phone: (401) 272-0260 THE NA | MES OF THE OFFICERS | | |
| John P Da Silver 40 W: 16 | L'I HUZAYO NO | Saunderstaun and Saunderstaun | 17 C2874 |
| Richard R. Geisler Bro 5: | 33 Saundins | | 79906: |
| John & Simkeuich 482 GI | DEAT STEERS (| | n KI DARTA |
| NAME - | STREET ADORESS | divalate | n) cool |
| NAME | STREET APOREM | CITYSTATE | 27 CODE |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | NUMBER OF S | HARES ISSUED AND OUTSTAND | ING (Rider may be attached) |
| Number of Shares Class / Series 2000 Under Video | Number of Sha | res Class / Scries | |
| Date 4/5 1995 | By Lich | f Husle | |
| Farm 31 1/85 | TITLE OF OFFICER SIGNERAL | | |
| DESIGNATED REGIST | ERED AGENT FOR SER | VICE OF PROCESS: | |
| PLEASE NOTE: If the registered office and/or registered agent in | dicated below is Incorrect, Fort | n 9 must be filed. | |
| APR (10) | כלל | 3 31:3 | ÷ . |

Payable to: Secretary of State

State of Rhode Island and Providence Plantations Office of The Secretary of State

LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| 0020540 Corporate ID: | | Annual Report | for the year: | 1994 | |
|--|--------------------------|------------------------|--|-------------------|------------------|
| · | | - | RGERY ASSOCIATE | S, LTD. | |
| Name of Business Entity: | | | | | |
| Business entity organized under the laws of the State of: | Rhode Islan | d Business E | ntity is (check one): | | |
| Federal Taxpayer Identification Number | | [X] | Business Corporation (See I | • | |
| For foreign entity, address and telephone number of principal | office: | | Professional Service Corpor Limited Liability Company | | - |
| N/A | VIIICE: | | and mailing address of conta | • | |
| | | | R. Salvadore, | Esq., Re | eg. Agen |
| | · · - | <u>123 D</u> | yer Street | | |
| Phone: [| | <u>Provi</u> | dence, RI 0290 | 3 | · · · · · |
| Address and telephone of the principal office of business entit | y in Rhode | <u> </u> | | | |
| Island (Provide street address - Not P.O. Box): 120 Dudley Street | | Brief state | ment of the character of busin | iess conducted in |) Rhode Island: |
| Providence, RI 02903 | | | | | ~ |
| | | ↓ Date of Or | ganization: <u>19-77</u> | <u>4/30</u> | <u> </u> |
| (401) Phone: (272-0260 | | Date of Qu | alification to do business in I | Rhode Island (if: | foreign entity): |
| • | | | | | |
| TH | E NAMES OF TH | | | | |
| John P. DaSilva | STREET ADD Quarry Roa | _ | CHTYSTATE Saunderstown, | Dт | 02874 |
| CHIEF OPERATING OFFICER OR X VICE PRESIDENT ICEAR OW) | STRUET ADD | RESS | CHYSTATE | | 7.0 C |
| Francis A. Connor, Jr. | 70 Crestri | | E. Greenwich, | RI | 02818 |
| Richard R. Geisler | P.O. Box 5 | 33 | Saunderstown, | RI | 02874 |
| John C. Simkevich | STREET VOO | | Rd. Saundersto | Over DT | |
| | NAMES OF THE | — - | | JWH, EI | <u>02874</u> |
| John P. DaSilva | STREET ADD | | CULYSTATE T | | Z(P C) |
| NAME P. DASIIVA | As above | RESS | CITY/STATE | | ZiP Co |
| Francis A. Connor, Jr. | As above | | | | |
| Richard R. Geisler | STREET ADD | RESS | CITY/STATE | | NEC |
| John C. Simkevich NUMBER OF SHARES AUTHORIZED (If Applicable) | As above | NUMBER OF | SHARES ISSUED AND O | UTSTANDING | (1f Applicable) |
| NUMBER 2,000 | - | NUMBER | 300 | | |
| CLASS Common | | CLASS | Common | | |
| SERIES | | SERIES | | | |
| PAR VALUE OR WITHOUT PAR Without par value | | PAR VALUE WITHOUT P | [4] 4 L L L L L L L L L L L L L L L L L L | ar value | |
| Date January 94 | By L | $\int \int \int g$ | | - | |

| Corporate ID 002 | 0340 | Annual Rep | port for the year | 1993 |
|---|------------------------------|--|---|--|
| FIRST: The name of | the corporation is | ORAL SURGE | RY ASSOCIATE | S, INC. |
| SECOND: It is incorp | orated under the laws of. | Rhode Is | land | |
| THIRD: Character of | business, briefly stated, is | Dental a | nd oral sur | lory |
| FOURTH: If foreign c | orporation, address of its | principal office | | |
| FIFTH: Business addr | ess in Rhode Island | 120 Dudley Stre | et, Provider | ice, RI 02903 |
| SIXTH: Names and a | ddresses of its directors ar | | ess finaluding number, stree | (Attach rider if necessary) |
| John P. DaSilva Francis A. Connor, Jr. Richard R. Geisler | Director | Quarry Rd., Sa 70 Crestridge P.O. Box 533, | Road, E. Green | wich, RI 02818 |
| John C. Simkevich | Director | 482-Gilbert St | uant-RdSaur | derstown, Rl 0287 |
| John P. DaSilva | President | As above | *************************************** | |
| Francis A. Connor, Jr. | Vice Presi | dent As above | ···· | |
| Richard R. Geisler | Secretary | As above | *************************************** | |
| John C. Simkevich | Treasurer | As above | | |
| SEVENTH: Number o | f Shares authorized: | | | Par Value |
| No. of Shares | Class | PAID Series | | or statement that shares are without par value |
| 2,000 | Common | JAN 2 6 1993 | Without p | ar value |
| Eighth: Number of | Shares issued: | EC'Y OF STATE | | Par Value or statement that |
| No. of Shares | Class | Series | | shares are without par value |
| 300 | Common | | Without p | ar value |
| Dated January | 19 .93 | ORAL SURGERY (Name of Corporation) By | ASSOCIATES, | INC. |
| (Report must be sig | ned by an officer) | TitlePresident | **(*)*)*********** | |

| Corporate ID | 0020340 | Annual Report for | the year | 1992 |
|------------------------------------|---|---|--|---------------------------------|
| First: | The name of the corporation is | ORAL SURGERY | ASSOCIATES | i,INC |
| Second: | It is incorporated under the laws of | Rhode Island | | |
| THIRD: | Character of business, briefly stated, is | SDental and oral s | urgery | |
| Fourth: | If foreign corporation, address of its | principal office | ······ | |
| Г ІГТН: | Business address in Rhode Island 12 | 20 Dudley Street, Pro | vidence., R | I |
| Sіхтн: | Names and addresses of its directors a | ~ | (Attach | rider if necessary) |
| JOHN P. E FRANK A. RICHARD F | SAMMARTINO Director DA SILVA CONNOR, JR. Director R. GEISLER SIMKEVICH Director | 95 Peaceful Lane, Quarry Rd., Saund 70 Crestridge Dr. Box 434D, RFD #1, 482 Gilbert Stuar | erstown, R , E. Green Saunderste | I wich, RI own, RI 0748° |
| | SAMMARTINO President | As above Conf. | 0 | nderslown. |
| JOHN P. I | DA SILVA Vice Presi | ident As above | | ····· |
| RICHARD F | R. GEISLER Secretary | As above like | 1 April | ente |
| FRANK A. | CONNOR, JR, Treasurer | As above VMMM | shimu | H |
| SEVENTH | : Number of Shares authorized: | | | value |
| No. of Sha | ares Class | Seues_ | shares ar | e without value |
| 2,000 | Common | PÅÏD | · | par value |
| | | JAN 3 0 1992 | Wichout | par varue |
| Еібнтн: | Number of Shares issued: | SEC'Y OF STATE | | √aluc |
| No. of Sha | ares Class | Series | shares ar | nent that e without value |
| 300 | Common | | · | par value |
| Dated ^J | JANUARY 19 92 | ORAL SURGERY ASSOC | IATES, INC | ion) i |
| (Re | eport must be signed by an officer) | Title President | | ······ |



]

| Corporate ID | 9929349 | •••••• | Annual Re | eport for the year | 1991 | |
|--|--|------------------|---|------------------------------|--------------------------------|--|
| First: | The name of the corporation | on is | ORAL SURGERY ASSOCIATES, INC. | | | |
| Second | It is incorporated under t | the laws of | Rhode Islar | nd | | |
| THIRD: | Character of business, brie | fly stated, is | Dental and | oral surgery | 7 | |
| Fourth | If foreign corporation, ac | ldress of its pi | rincipal office | | | |
| Г І Г ТН: | Business address in Rhode | Island | ••••• | •••• | | |
| 120 Duc | lley Street, Provid | dence, RI | | ••••• | | |
| Ѕіхтн: | Names and addresses of its | directors and | | ress (including number, stre | (Attach rider if necessary) | |
| JOHN P FRANK A RICHARI JOHN C CLARK A JOHN P RICHARI | A. SAMMARTINO DA SILVA A. CONNOR, JR. D R. GEISLER SIMKEVICH A. SAMMARTINO DA SILVA D R. GEISLER A. CONNOR, JR. Number of Shares author | . Secretary | Quarry Rd., 70 Crestrid Box 434D, R | RFD #1, Saund | n, RI Freenwich, RI | |
| No. of Sha | res Class | | Series | | shares are without par value | |
| 2,000 | Commo | on | | | Without. | |
| Еібнтн: | Number of Shares issued: | | | PAID | Par Value or statement that | |
| No. of Sha | res Class | | Series | 14N 04 190 | shares are without par value | |
| 300 | Commo | on | | SEC'Y OF STA | TT 1 1 1 | |
| ~ | Pebruary 19 9 | B | RAL SURGERY A Name of Corporation) y itle Graz | | - | |

Carma as Carlana (names mas than secret the content of the

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID. CO. | 0940 | Annual Report for | the year 1990 |
|--|--|---|---|
| FIRST: The name of | | | OCIATES, INC. |
| | porated under the laws of business, briefly stated, is | Rhode Island | ırgery |
| A\/A | corporation, address of its | principal office | |
| | | | |
| | addresses of its directors ar | nd officers: | (Attach rider if necessary) |
| CLARK A. SAMMARTI JOHN P. DA SILVA FRANK A. CONNOR. RICHARD R. GEISLE JOHN C. SIMKEVICH CLARK A. SAMMARTI JOHN P. DA SILVA RICHARD R. GEISLE FRANK A. CONNOR | J.R. Director R Director NO President Vice President Secretary | Quarry Rd., Saun 70 Crestridge Dr Box 434D, RFD #1 482 Gilbert Stud As above dent As above As above | ., E. Greenwich, RI Saunderstown, RI rt Rd., Saunderstown |
| | of Shares authorized: | Asabove | Par Value or statement that shares are without par value |
| 2,000 | Common | PAND FFB 1 % 版程划 | Without |
| EIGHTH: Number of | Shares issued: | EC'C. PESTATATE | Par Value or statement that shares are without |
| 300 | Class Common | Series | par value Without |
| DatedFebruary(Report must be sig | : | ORAL SURGERY ASSOCIATION (Name of Corporation) By MAN FINE Title MANUEL | TES, INC. |
| Form 31 1/85 | and the control of th | | |

y v

| | PROVIDENCE, | RHODE ISLAND 02903 | |
|---|------------------------------------|---|--|
| Corporate ID | 020340 | Annual Report for the year | ar. 1989 |
| First: The name | e of the corporation is | ORAL SURGERY ASSOCIAT | TES, INC |
| SECOND: It is inc | corporated under the laws of | Rhode Island | |
| THIRD: Characte | er of business, briefly stated, is | Dental and oral surge | ry |
| FOURTH: If forei | gn corporation, address of its | principal office | |
| N/A | | | |
| FIFTH: Business | address in Rhode Island | | |
| 120 Dudley S | treet, Providence, F | RI | - |
| SIXTH: Names as | nd addresses of its directors an | nd officers: Address (including number | (Attach rider if necessary) |
| JOHN P. DA SILV FRANK A. CONNOR RICHARD R. GEIS | JR. Director | 95 Peaceful Lane, N Quarry Rd., Saunder 70 Crestridge Dr., Box 434D, RFD #1 Sa 482 Gilbert Stuart | stown, RI E. Greenwich, RI understown, RI |
| CLARK A. SAMMAR | TINO President | As above | |
| JOHN P. DA SILV | A Vice President | dent As above | |
| RICHARD R. GEIS | LER Secretary | As above | |
| FRANKACONNOR | Treasurer | As above | |
| | per of Shares authorized: | | Par Value or statement that shares are without |
| No. of Shares | Class | Series | par value |
| 2,000 | Common | PAID | Without |
| Eighth: Numbe | er of Shares issued: | FEB 21 1989 | Par Value or statement that |
| No. of Shares | Class | SECRY OF STATE | shares are without par value |
| 300 | Common | | Without |
| | be signed by an officer) | ORAL SURGERY ASSOCIATES (Name of Corporation) By Title | |
| Form 31 1/85 | or angles of all officer) | | ************************************* |

Form 31 1/85

State of Khode Island and Providence Plantations

10. Y

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 20340 | | Annual Report for the | year 1988 | | |
|---------------------------|------------------------|---|--|---------------------------------|--|--|
| First: | The name of the | ne name of the corporation is ORAL SURGERY ASSOCIATES, INC. | | | | |
| SECOND: | It is incorpora | ted under the laws of | BHODE ISLAND | | | |
| THIRD: | | | DENTALANDORALSURGERY | | | |
| n/a | | | | | | |
| Fourth: | If foreign corp | oration, address of its pr | incipal office | | | |
| ************************* | 120 Dudley S | Street, Providence, | Rhode Island | | | |
| Г ІГТН: | Business address | in Rhode Island | | | | |
| Ѕіхтн: | Names and address | esses of its directors and | officers: Address (including nui | (Attach rider if necessary) | | |
| | SAMMARTINO | Director | 95 Peaceful Lane, N. K | | | |
| JOHN P. DA | A SILVA CONNOR, JR. | Director | Quarry Rd., Saundersto 70 Crestridge Dr, East | wn, RI | | |
| RICHARD R JOHN C. S | . GEISLER | | Box 434D, RFD #1, Saun | derstown, RI | | |
| | | Director | 482 Gilbert Stuart Rd. | , Saunderstown, RI | | |
| CLARK A. | SAMMARTINO | President | AS ABOVE | •••••• | | |
| JOHN P. DA | A SILVA | Vice Presiden | nt AS ABOVE | ••••••••••••••••••••••••• | | |
| RICHARD R | . GEISLER | Secretary | AS ABOVE | | | |
| FRANK A. (| CONNOR | Treasurer | AS ABOVE | | | |
| SEVENTH | : Number of Sh | ares authorized: | | Par Value or statement that | | |
| No. of Sha | res | Class | Series | shares are without par value | | |
| 2,000 | | Common | PAID | without | | |
| | | | MAR 10 1988 | | | |
| Еібити: | Number of Sha | res issued: | SEC'Y OF STATE | Par Value or statement that | | |
| No. of Sha | res | Class | Series | shares are without par value | | |
| 300 | | Common | | without | | |
| DatedFebr | ruary | 19 88 | ORAL SURGERY ASSOC | IATES, INC. | | |
| (Re | port must be signed l | • | ille Grendant | | | |

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 20340 | | Annual Report for | r the year1987 |
|--|------------------------------|---|---|
| FIRST: The name of the | corporation is QRAL | SURGERY ASSOCIATES | INC. |
| SECOND: It is incorpora | ted under the laws of | Rhode Island | |
| THIRD: Character of bu | siness, briefly stated, is | DENTAL AND ORAL S | URGERY |
| FOURTH: If foreign corp | | | |
| FIFTH: Business address | in Rhode Island | | |
| 120 Dudley Street, F | rovidence, Rhode | Island | |
| SIXTH: Names and addr | esses of its directors and o | | (Attach rider if necessary) ing number, street, zip code) |
| CLARK A. SAMMARTINO JOHN P. DA SILVA FRANK A. CONNOR, JR. RICHARD R. GEISLER JOHN C. SIMKEVICH | Director | Quarry Rd., Sau 70 Crestridge D Box 434D, RFD # | e, N. Kingstown, RI nderstown, RI r., East Greenwich, RI l, Saunderstown, RI art Rd., Saunderstown, |
| CLARK A. SAMMARTINO | President | AS ABOVE | |
| JOHN P. DA SILVA | Vice Presider | nt AS ABOVE | |
| RICHARD R. GEISLER | Secretary | AS ABOVE | |
| FRANK A. CONNOR | Treasurer | AS ABOVE | |
| SEVENTH: Number of S | hares authorized: | Series | Par Value or statement that shares are without par value |
| 2,000 | Common | | wie Make of 100 |
| Eіднтн: Number of Sha | PAIL | | Par Value or statement that shares are without |
| No. of Shares | Class Common MAR 2.4 | Series 1987 | par value without |
| Dated January | 19 19 (N | ORAL SURGERY ASSO | CIATES, INC. |
| | B | , con A. Son | |
| (Report must be signed | by an officer) Ti | ile las bent | |

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID. | 20340 | ····· | Annual Repor | t for the year1986 | |
|------------------------------------|--|----------------------|--|---|---------|
| First: | The name of the corp | oration isora | L-SURGERY-ASSOCIATE | S, INC. | |
| | | | | and surgery. | ••••••• |
| Fourth: | If foreign corporati | on, address of its p | orincipal office | | |
| Fігтн: І | | | | | |
| | | | | | |
| | Names and addresses | | d officers: | (Attach rider if nec noluding number, street, zip code) | |
| JOHN P. I FRANK A. RICHARD F | SAMMARTINO DA DILVA CONNOR, JR. R. GEISLER SIMKEVICH | Director | Quarry Rd., Sa 70 Crestridge | ne, N.Kingstown, RI understown, RI Dr., E.Greenwich, RI †1, Saunderstown, RI | - |
| CLARK A. | SAMMARTINO | President | | | |
| JOHN P. [| DA SILVA | Vice Presid | ent | | |
| RICHARD F | R. GEISLER | Secretary | | | ****** |
| F.RANKA. | CONNOR | Treasurer | | | |
| SEVENTH: | Number of Shares | authorized: | | Par Value or statement that | |
| No of Share | ° 5 | Class | Series | shares are without par value | |
| 2,000 |) | common | PAID | Without | |
| Еіднтн: | Number of Shares is | sued: | YA MAY A MAY | Par Value or statement that | |
| No. of Share | 28 | Class | - OF STATE | shares are without par value | |
| 300 | C | common | | without | |
| DatedFebru | ary | | ORAL SURGERY ASS (Name of Corporation) By | SOCIATES, INC. | ······· |
| (Rep | ort must be signed by an | officer) | Title Broad | T | |

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, R1 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Namo Address CLARK A. SAMMARTINO Director 95 Peaceful Lane, N. Kingstown, RI Quarry Rd., Saunderstown, RI JOHN P. DaSILVA FRANK A. CONNOR, JR. Director 70 Crestridge Dr., E. Greenwich, RI RICHARD R. GEISLER Box 434D, RFD #1, Saunderstown, RJ Director President CLARK A. SAMMARTINO 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: Par Value or statement that shares are without par value No. of Shares Class Series 2,000 common without EIGHTH: Number of Shares issued: Par Value or statement that shares are without par value No. of Shares Class Series 300 common without Dated: February 1985ORAL SURGERY ASSOCIATES, LTD. (Name of Corporation) RECEIVED MAR Church A. 1985 PRESIDENT 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

State of Uhode 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. Rhode Island SECOND: It is incorporated under the laws of 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 120 Dudley Street, Providence, RI address). SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Clark A. Sammartino 95 Peaceful Lane, N. Kingstown, RI Director John P. DaSilva Quarry Rd., Saunderstown, RI Frank A. Connor, Jr. 70 Crestridge Dr., E. Greenwich, RI Box 434D, RFD #1, Saunderstown, RI Director Richard R. Geisler 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: or statement that shares are without par value No. of Shares Class Series 2,000 Common No Par Eighth: Number of Shares issued: Par Value or statement that shares are without par value No. of Shares 300 No Par Common 23 129 3 February 84 ORAL SURGERY ASSOCIATES, LTD. Dated: 19 (Name of Corporation) Title

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

(Report must be signed by an officer)

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

State of Rhode Island and Providence Plantations Office of the secretary of state

| | | A | nnual Report for | the year | 1983 |
|-------------|-------------------------------------|-------------------------------|--|---------------|---|
| FIRST: | The name of th | e corporation is | | | |
| | , C | RAL SURGERY | ASSOCIATES, I | TD. | |
| SECOND: | It is incorpor | ated under the | laws of Rhodo | Island | |
| Third: | Character of bu | isiness, briefly st | ated, is | | |
| | Dental a | nd oral surge | ery | | |
| Fourth: | If foreign co | orporation, addr | ess of its princip | al office | , |
| | | | | | • |
| Fifth: | Business addre | ess in Rhode Isla | and (blank repo | rts will be m | ailed to this |
| | | Broadway, Pro | _ | | |
| Sixth: | Names and add | dresses of its di | rectors and office | cers: | |
| | (Addresses must | include street and | number, if any) | | |
| 4 | Same | Office | | Address | |
| John P. D | Sammartino aSilva Connor, Jr. | Director Director | Quarry Rd., | Saunders | Kingstown, RI Lown, RI . Greenwich, R |
| Richard R | . Geisler | Director | Box 434D, F | RFD #1, Sai | understown, RI |
| Clark A. | Sammartino | President | as above | | |
| John P. D | aSilva | Vice Presiden | t as above | | |
| Richard R | . Geisler | Secretary | as above | - | |
| | Connor, Jr. | | as above | | · |
| Seventh | : Number of | Shares authoriz | ed: | | r Value ement that |
| No. of Sha | res | Class | Series | shares. | are without value |
| 2000 | c | опшоп | | no | par |
| | | | MAR 21 198 | 33, | |
| Eighth: | Number of S | hares issued: | × | or stat | · Value |
| No. of Sha | res | Class | Series | | are without value |
| 300 | C | ommon 3 | | ио ј | oar |
| Dated: Feb. | ruary | 83 . 19 83 . 6265A . By | ORAL SURGE (Name of Corpora- Coal 4. | Somman | |
| | | nned its registers | | | |

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 Quarry Rd., Saunderstown, RI Director Frank A. Connor, Jr. 70 Crestridge Dr., E. Greenwich, RI Richard R. Geisler Director Box 434D, RFD #1, Saunderstown, RI President Clark A. Sammartino 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 or statement that shares are without par value

2000

common

no par

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value

No. of Shares 300

Class common Series

no par

Dated:

19 82

15 62

February 28 APR 211982

ORAL SURGERY ASSOCIATES, LTD. (Name of Gorporation)

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 Delision for information, 277-3040 Filing fee: \$15.00

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(D)

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 Dontal 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 | Sericy | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|---------------------------------------|---|
| 2000 | Common | 2 0 81 | No Par |
| n 3: 11·57 | | ····*09····15,00 2258А+‹····15,0СВ | MAR 231981 |

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

Dated February 27, ,19 81 Brs. Sammartino, DaSilva, Connor and Geisler, Inc. (NAME OF CORPORATION)

By Ruh D. Sammetin

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE 1 9 8 0 ANNUAL REPORT

OF

| DRS. SAMMAR | TINO, DASILVA, CO | NNOR AND CEISLER, | INC. |
|---|--|---|---|
| Pursuant to the provi amended, the undersigned | | | |
| FIRST: The name of the Drs. Sammartino, | he corporation is DaSilva, Connor a | and Geisler, Inc. | |
| · SECOND: It is incorpo | orated under the la | aws of Rhode Isl | and |
| THIRD: The address of Regency, 60 Broadway | fits registered office Providence, Rho | | |
| and the name of its registere Guido R. Salvadore, I | | | |
| FOURTH: If a foreign country under the laws of wh | | | al office in the state or |
| · · · · · · · · · · · · · · · · · · · | | | |
| FIFTH: The character | of the business in | which it is actual | ly engaged in Rhode |
| | dental and oral su | | |
| | | | |
| | | | |
| Sixth: The names and | d respective address | ses of its directors a | nd officers are: |
| Clark A. Sammartino | Director | 95 Peaceful Lan | z, No. Kingstown, RI |
| John P. DaSilva | Director | Quarry Road, Sa | understown, RI |
| Frank A. Connor, Jr. | Director | 70 Crestridge D | r., Ea. Greenwich, RI |
| Richard R. Geisler | Director | Box 343D, RFD # | l, 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 aggrega by classes, par value of shares | te number of shares s, shares without par | s which it has author rvalue,andseries,if: | rity to issue, itemized any, within a class, is: |
| Number of Shares | Class | Series 83 | Par Value per Share or Statement that Shares are without Par Value |
| 2000 | Common | 8 3 | No Par |
| | | 8203A14 | |
| | | | |

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Form 31 8-79

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 |
|---------------------|--------|--------|--|
| 300 | Common | | No Par |

Dated February 21 , 19 80 DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, INC.

By Clork A. Swammen Stranger

Filing fee: \$15.00

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, RL.

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 | m m |
| Richard R. Geisler | Secretary | n w |
| 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:

Par Value per Scare

| Number of Shares | <u>Class</u> | 8 Series | or Statement that Shares are without Par Value |
|------------------|--------------|-------------|--|
| 2000 | common | ũ | no par |
| 1 :: 80 | | 2919A141500 | AUE 17,081 |

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 |
|------------------|--------|--------|--|
| 300 | common | | no par |

Dated January ,1979 DRS. SAMMARTINO, DASILVA, CONNOR & GEISLER, INC

By CRUL J. S. Jan

its President

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1978 ANNUAL REPORT OF

| DRS. SAMMARTI | NO,DASTIVA,CON | NOR AND GEISLER, INC. |
|---|--|--|
| | | .1-118 of the General Laws, 1956, as bmits the following annual report: |
| FIRST: The name of the | corporation is | |
| Drs. Sammartino, DaSilva, Co | onnor and Geisle | r,Inc |
| SECOND: It is incorporate | ed under the laws | of Rhode Island |
| THIRD: The address of it | | in Rhode Island is |
| and the name of its registered as Guido R. Salvadore, Esq., 60 | gent in Rhode Isla 00 Turks Head Bi | nd at such address is ilding, Providence, Rf |
| FOURTH: If a foreign concountry under the laws of which | • | ress of its principal office in the state or is |
| | | |
| FIFTH: The character of Island, briefly stated, is Denta | | which it is actually engaged in Rhode |
| | | |
| SIXTH: The names and resp | ective addresses o | f its directors and officers are: |
| 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 Brive, Has 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 |
| | | s which it has authority to issue, itemized value, and series, if any, within a class, is: Par Value per Share |

| Number of Shares | Class | 3 Nationies | or Statement that Shares are without Par Value |
|---------------------|--------|--|--|
| 2000 | Common | 78 | No Par |
| Farm 51 NSM 11-27 | | •••••09••••15.00 7462⊡14••••15.00BL | MAR 29 1978 |

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 | Ser <u>ies</u> | or Value per Share or Statement that Shares are without Par Value |
|------------------|--------|----------------|---|
| 300 | Соттоп | | No Par |

Dated February 21 , 19 78 DRS. SAMMARTINO, DASILVA, CONNOR AND GEISLER, INC. (NAME OF CORPORATION)

Clos A. S. monaturo Its President

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

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:

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 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

The names and respective addresses of its directors and officers are: SIXTH: Address Name 95 Peaceful Lane, No. Kingstown, RI Clark A. Sammartino Director Quarry Road, Saunderstown, RI John P. DaSilva Director 70 Crestridge Dr., Ea. Greenwich, RI Frank A. Connor, Jr. Director Box 434D, RFD #1, Saunderstown, RI Richard R. Geisler Director Director Director President same as above Clark A. Sammartino same as above John P. DaSilva Vice President same as above Richard R. Geisler Secretary same as above 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 | or Statement that Shares are withou Par Value |
|---------------------|--------|--------|---|
| 2000 | common | | no par |

AR -9-77 517

MAR 9 1977

Par Value per Share

FORM 31 35M 9-76

5.01

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 | <u>Class</u> | Scries | or Statement that Shares are without Par Value |
|------------------|--------------|--------|--|
| 300 | common | | no par |

Dated January

,19 77 DRS. SAMMARTINO, DASILVA, CONNOR & GEISLER, INC. (NAME OF CORPORATION)

By Clasa, Summation

Its President

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

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 |

| O mi | | |
|-------------------------|-----------------|--|
| SIXTH: The names and re | spective addres | ses of its directors and officers are: |
| 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 | |
| | | and the second s |
| Clark A. Sammartino | | same as above |
| John P. DaSilva | Vice President | same as above |
| Richard R. Geisler | Secretary | same as above |
| Frank A. Conmor, 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 | Cluss | Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------|--------|---|
| 2000 | Common | | No Par |

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FORM 31-35M-10-75

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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:

| Number of Shares | Class. | Series_ | or Statement that Shares are without Par Value |
|------------------|--------|---------|--|
| | | | • |
| 300 | Common | | Vo Par |

Dated February 23 , 19 76 DRS. SAMMARTINO, DASILVA, CONNOR AND (NAME OF CORPORATION) GEISLER, INC.

By Col S. S. GEISLER, IN

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State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

of

1975

| DRS. SAMMARTIN | O, DASILVA, | CONNOR AND GEI | SLER, INC. |
|---|---|---------------------------------------|---|
| Pursuant to the provision amended, the undersigned corp FIRST: The name of the Connor and Geisler, In | s of Section 7- oration hereby s corporation is | 1.1-118 of the Gerubmits the followin | neral Laws, 1956, as ag annual report: o, DaSilva, |
| SECOND: It is incorporat | | | and |
| THIRD: The address of it | | | |
| Regency, 60 Broadway, | - | | |
| and the name of its registered a Guido R. Salvadore, Es | •• | | |
| FOURTH: If a foreign cocountry under the laws of which | h it is incorporat | ted is | |
| | | | |
| FIFTH: The character of | | | |
| Island, briefly stated, is Dent: | | surgery | |
| | | | |
| SIXTH: The names and re | spective address | | nd officers are: |
| Clark A. Sammartino | Director | 95 Peaceful La | ne, No. Kingstown RI |
| . John P. DaSilva | Director | Quarry Road, S | aunderstown, RI |
| Frank A. Connor, Jr. | Director | = | Dr., Ea. Greenwich R |
| 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 by classes, par value of shares, sh | | | |
| Number of Shares | Class | <u>S</u> eries | Par Value per Share or Statement that Shares are without Par Value |
| 2,000 co | полпо | i . | no par |

FEB 27 1976

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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:

| Number of Shares | Class | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|---------------|---|
| 300 | common | | ло раг |

Dated February 26. , 19 75

DRS. SAMMARTING, DASILVA, CONNOR AND (NAME OF COMPORATION) GEISLER, INC.

By Clas A Someth

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Filing fee: \$15.00

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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.

Rhode Island SECOND: It is incorporated under the laws of

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. Salvadore, 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

Clark A. Sammartino 41 Boxwood Dr., E. Greenwich, R.I. Director John P. DaSilva

Quarry Road, Saunderstown, R.I. Director

70 Crestridge Dr., E. Greenwich, R.I. Frank A. Connor, Jr. Director Richard R. Geisler Box 434D, RFD #1, Saunderstown, R.I. Director

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:

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

MAR 1 1 1974

no par

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 | <u>C</u> lass | Series | or Statement that Shares are without Par Value |
|------------------|---------------|--------|--|
| 300 | Common . | | no par |

Dated Feb. 27

, 1974 DRS. SAMMARTINO, DASILVA, CONNOR & GEISLER, INC.

By Cas A. formander

n. President

UR 26-74 STC UF 582 AR****15.00