



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98542		2. Name of Corporation BEACHCREST DENTAL, INC.			
3. Street Address Principal Business Office 88 Beach Street			City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 596-0075		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE AN ESTABLISHMENT ENGAGED IN THE PRACTICE OF DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bruce C. MacKinnon			Vice President Name none		
Street Address 15 Gold Street			Street Address		
City Stonington	State CT	Zip 06378	City	State	Zip
Secretary Name Bruce C. MacKinnon			Treasurer Name Bruce C. MacKinnon		
Street Address 15 Gold Street			Street Address 15 Gold Street		
City Stonington	State CT	Zip 06378	City Stonington	State CT	Zip 06378
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bruce C. MacKinnon			Director Name none		
Street Address 15 Gold Street			Street Address		
City Stonington	State CT	Zip 06378	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares 800 NO PAR VALUE	Class/Series	Par Value	Number of Shares 100	Class/Series common	Par Value none

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



98542

File Date	3/15/05
Check No.	24248
By:	KMC
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

BRUCE C. MAC KINNON

Print or Type Name of Officer

President

Title of Officer

Date

3/18/05



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State

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President Name Bruce C. MacKinnon			Vice President Name none		
Street Address 15 Gold Street			Street Address		
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Secretary Name Bruce C. MacKinnon			Treasurer Name Bruce C. MacKinnon		
Street Address 15 Gold Street			Street Address 15 Gold Street		
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City Stonington	State CT	Zip 06378	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
800 NO PAR VALUE			100	common	none

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

File Date 2-26-04
Check No. 23613
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

Bruce C. MacKinnon

Print or Type Name of Officer

President
Title of Officer

Date

2/12/04



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **98542** 2. Name of Corporation **BEACHCREST DENTAL, INC.**
3. Street Address Principal Business Office **88 Beach Street** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **(401) 596-0075** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
to own and operate an establishment engaged in the practice of dentistry

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

President Name Bruce C. MacKinnon	Vice President Name none
Street Address 15 Gold Street	Street Address
City Stonington State CT Zip 06378	City State Zip
Secretary Name Bruce C. MacKinnon	Treasurer Name Bruce C. MacKinnon
Street Address 15 Gold Street	Street Address 15 Gold Street
City Stonington State CT Zip 06378	City Stonington State CT Zip 06378

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

Director Name Bruce C. MacKinnon	Director Name none
Street Address 15 Gold Street	Street Address
City Stonington State CT Zip 06378	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
800 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	none

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



* 9 8 5 4 2 *

File Date: 2/25/03
Check No.: 21999
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] 2/12/03
Signature of Officer Date

BRUCE C. MacKinnon
Print or Type Name of Officer

President
Title of Officer

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Form G30 12/02



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98542		2. Name of Corporation BEACHCREST DENTAL, INC.	
3. Street Address Principal Business Office 88 Beach Street		City Westerly	State RI
		Zip 02891	
4. Business Phone No. (401) 596-0075		5. State of Incorporation RHODE ISLAND	
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	Zip 06378		Zip
Secretary Name Bruce C. MacKinnon		Treasurer Name Bruce C. MacKinnon	
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	Zip 06378		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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	Number of Shares	Class/Series
800 NO PAR VALUE		100	common
			none
Par Value			

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



* 9 8 5 4 2 *

File Date: 2/12/02
Check No.: 21319
By: lcy

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: Bruce C. MacKinnon Date: 1/9/02

Print or Type Name of Officer: President

Title of Officer: President

Signature of Officer: [Signature]

Title of Officer: 5



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

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Director Name		Director Name	
Street Address		Street Address	
City State Zip	City State Zip		
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AUTHORIZED SHARES			
Number of Shares 800 NO PAR VALUE	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 100	Class/Series common	Par Value none	

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



* 9 8 5 4 2 *

FILED

File Date: **MAR 01 2001**

Check No. **By CC 20641**

By: **cc 20641**

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 **Bruce C. MacKinnon** Date **2/22/01**

Print or Type Name of Officer **Bruce C. MacKinnon**

Title of Officer **President**



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)



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City Stonington	State CT	City	State
Zip 06378		Zip	
Secretary Name Bruce C. MacKinnon		Treasurer Name Bruce C. MacKinnon	
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Zip 06378		Zip	
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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
800 NO PAR VALUE		100	common
Par Value		Par Value	
		none	

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

File Date: **FILED**
FEB 01 2000
Check No.:
By: **CC20007**

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.

Bruce C. MacKinnon 1/27/2000
Signature of Officer Date
BRUCE C. MACKINNON
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **98542** 2. Name of Corporation **BEACHCREST DENTAL, INC.**
3. Street Address Principal Business Office **88 Beach Street** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **(401) 596-0075** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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Secretary Name Bruce C. MacKinnon	Treasurer Name Bruce C. MacKinnon
Street Address 15 Gold Street	Street Address 15 Gold Street
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Street Address 15 Gold Street	Street Address
City Stonington State CT Zip 06378	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
800 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	none

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

File Date: **FILED**

Check No. **FEB 18 1999**

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] **2/16/99**
Signature of Officer Date

Bruce C. MacKinnon
Print or Type Name of Officer

President
Title of Officer