

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2005
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 98542 BEACHCREST DENTAL, INC. 3. Street Address Principal Business Office 02891 RI Westerly 88 Beach Street 6 SIC Code 4. Business Phone No 5. State of Incorporation (401) 596-0075 9233 **RHODE ISLAND** 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 none Street Address Street Address 15 Gold Street City 06378 Stonington Secretary Name Treasurer Name Bruce C. MacKinnon Bruce C. MacKinnon Street Address Street Address 15 Gold Street 15 Gold Street cin 06378 06378 Stonington 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Bruce C. MacKinnon none Street Address Street Address 15 Gold Street State City 2.ip State Zip 06378 Director Name Director Name Sincel Address Street Address Cin State Zip State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Simes Par Value Number of Shares Class Senies Par Valle **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 Under penalty of perjury, I declare and affirm that I have gramined this report, including any accompanying schedules and statements and that all statements



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

Matthew A. Brown, Secretary of State

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM BIOST HE TITED OR FRI							
1. Corporate D. No. 98542	2 Name of Componiti	EST DENTAL, IN	с.				
3. Street Address Principal Business 88 Beach	Office Street		City Westerly	State RI	02 89 1		
4 Business Phone No. (401) 596	-0075	5. State of Incorporation RHODE			6. SIC Code 9233		
7. Brief Description of the Characte							
		•	ged in the practice (_			
3. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR AT	<u> </u>	PACES BEFORE USING	ATTACHMENTS		
President Name Drugo C	MacKinnon		Vice President Name NONE				
<u></u>	Mackillion				<u></u> .		
Sircei Address 15 Gold S	Street		Street Address				
City·	State	Zip	City	State	Zip		
Stoningto	nl CT	1.06378					
Secretary Name			Treasurer Name				
Bruce C.	MacKinnon	· · · · · · · · · · · · · · · · · · ·	Bruce C. M	acKinnon			
Street Address			Street Address				
15 Gold S		7/6	15 Gold Str		17/0		
Stoningto	State CT	06378	Stonington	State CT	^{2ιρ} 06378		
9. NAMES AND ADDRESSE	•		• .	SPACES BEFORE USI			
Director Name	C. IIID DINLOI	LIST (II DOM TON)	Director Name				
Bruce C.	MacKinnon		none	•			
Street Address			Street Address				
15 Gold S	Street						
City	State	Zip	City	State	Zip		
Staningto	nJCT	J. 06378					
Director Name			Director Name				
							
Street Address			Street Address				
Gity	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED	 	 T4CHMENT	: 11. SHARES ISSUED (*	 Y* ROY FOD ATTACH	 IMENT) □		
AUTHORIZED SHARES	· (A DOA FOR AI		ISSUED SHARES	. DON TON MITNOIL			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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800 NO PAR VALUE) 4		100	common	попе		
				<u> </u>			
This report must be	signed in ink by e	ther the President, Vic	ce President, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trustee		
-	·						
<u>—</u>			Under penalty of perj	ury, I declare and affirm th	hat I have examined this r		
		_	including uny accomp	phyling schedules and star	tements, and that all state		
	12		Contained herein are	pae and correct.			
File Date	<u>0-04</u> 236/3	_	_ brew	<u> Shafteensk</u> Mac Kwaan	- 2/12/0		
	231.13		Signature of Officer	11 1/2	Date		
Check No.	- 0 0 , 0 -	-	BRUCK (.	MACKINA			
Par-	Qu.		Print or Type Name of				
By:		-	Does la k				
FOR SECRETARY OF	STATE USE ONLY		Title of Officer				
			The of Officer		Form 630 Rev. 12/0		



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.

2. Name of Corporation

98542	BE	ACHCRES	ΓDENTAL, INC.				
Street Address P	Principal Business Office 88 Beach Street		, -	City	Westerly	State RI	02891
Business Phone	No.		5. State of Incorporation				6. SIC Code
	(401) 596-0075		RHODE ISLAND				9233
Brief Description	n of the Character of Business to own and opera		Rhode Island ablishment engaged	in the pr	actice of dentis	stry	5200
. NAMES Al esident Name	ND ADDRESSES OF T	HE OFFIC	ERS ("X" BOX FOR ATTACE		FILL IN SPACES BE dent Name	FORE USING ATTACE	IMENTS
	Bruce C. MacKin	non			none		
reet Address				Street Ada	fress		
	15 Gold Street						
ity	State		Zip	City		State	Zip
cretary Name	Stonington	CT	06378	Treasurer	Name	• •	•
reel Address	Bruce C. MacKir	inon		Street Add	Bruce C. Ma	acKinnon	
lty	15 Gold Street		Zip	Clly	15 Gold Str	State	Zip
	Stonington	CT	06378		Stonington	CT	06378
. NAMES Al irector Name	ND ADDRESSES OF T	HE DIREC	CTORS ("X" BOX FOR ATTA	(CHMENT) Director 1		BEFORE USING ATTA	CHMENTS
reet Address	Bruce C. MacKir	non		Street Add	none tress		
	15 Gold Street						
ity	State		Zip	City		State	Zip
lrector Name	Stonington	CT	. 06378	Director 1	Name		
reet Address				Street Add	dress		
lty	State		Zip	City		State	Zip
O. SHARES /	AUTHORIZED (*x* 80)	C FOR ATTAC	CHMENT)	11. SH		* BOX FOR ATTACHMENT)	•
umber of Shares	Class/S	erles	Par Value	Number o	f Shares	Class/Series	Par Value
800 NO PAR	RVALUE				100	common	none

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

5 5

	* 9 ₈ 5 4 2 *
File Date:	2/35/03
Check No.:	21999
By:	
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 for talendary rein are true and correct.

Signature of Officer

Print or Type Name of Officer

Lightent

Title of Officer

Form 630 12/02



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

STOP
PULASE READ
INSTRUCTIONS

	E TYPED IN BLACK)	er (c) este erc s		 	 		
. Corporate ID N 98542	1	of Corporation	" DENTAL, INC.				
	Principal Business Office 88 Beach Street			City	Westerly	State RI	^z '02891
. Business Phane	(401) 596-0075		S. State of Incorporation	ND	• · - · - · - · - · - · - · - · - ·		6. SIC Code 9233
Brief Description	n of the Character of Business (10 OWN and opera	fonducted in I	ablishment engag	ged in the pra	ctice of dentis	try	·
NAMES A	ND ADDRESSES OF T Bruce C. MacKin		ERS ("X" BOX FOR ATT	ACHMENT) [FIL Vice Presiden		ORE USING ATTACH	MENTS
reet Address	15 Gold Street		· · · · · · · · · · · · · · · · · · ·	Street Address			
lty	Stonington	СТ	^{Z1p} 06378	City		State	Zip
cretary Name	Bruce C. MacKii	nn <u>on</u>		Treasurer Nan	Bruce C. Ma	cKinnon	
reet Address	15 Gold Street			Street Address	15 Gold Stre		
ity	Stonington State	CT	, z'606378	City	Stonington	State CT	^z '06378
. NAMES Al	ND ADDRESSES OF TI Bruce C. MacKii	•	TORS (*X* BOX FOR A	Ulrector Nam		EFORE USING ATTAC	CHMENTS
reet Address	15 Gold Street			Street Address			
ty	Stonington State	CT	^{Zip} 06378	City	·····•	State	Zip
rector Name	***************************************	***********		Director Nam	,	• • • • • • • • • • • • • • • • • • • •	••••••
reet Address				Street Address	·		······································
ity -	State		Zip	City		State	Zip
O. SHARES A	AUTHORIZED (*x* BOX	FOR ATTAC	HMENT) [11. SHAR		OX FOR ATTACHMENT)	Jei
umber of Shares	Class/Se	iles	Par Value	Number of Sh	ares	Class/Series	Par Value
800 NO PAR	R VALUE		···· ·· ·· ·· ·· · · · · · · · · · · ·		100	common	none
his report n	nust be signed in ink	by either	the President, Vic	e President, Se	cretary, Assistan	ıt Secretary, Treasur	er, Receiver o

	* 9 8 5 4	2 *
File Date:	2/12/02	
Check No.:	21319	
By:	OF STATE LISE 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 considered herein are true and correct.

Standard of Officer

Bruce C. Mackinnon

Print or Type Name of Officer
President

Title of Officer

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 B	E TYPED IN BLACK)						
1. Corporate ID N		Name of Corporation	,, ———————————————————————————————————	 -			
3. Street Address .	Principal Beach Str	eet		Cuy	Westerly	State RI	^z 02891
4 Business Phone	^{No} (401) 596-007	75	5 State of Incorporation RHODE ISLA		•		6 SIC Code 9233
7. Brief Descriptio	of the Character of Busi 10 OWN and Op	ness Conducted in Derate an est	ablishment engage	ed in the p	practice of dentis	stry	
8. NAMES A President Name	ND ADDRESSES O Bruce C. Mac		ERS ("X" BOX FOR ATTA	CHMENT) Vice Pres	FILL IN SPACES BE	FORE USING ATTACH	MENTS
Street Address	15 Gold Stree	t		Street Ad	dress		
City	Stonington Sta	cT	06378	City		State	Zip
Secretary Name Bruce C. MacKinnon Street Address				Treasurei Street Ad	Bruce C. Ma		. — —————
City	15 Gold Stree Stonington Sta		^{zi} 06378	City	Stonington	State CT	² 06378
9. NAMES A	ND ADDRESSES O Bruce C. Mac	•	CTORS ("X" BOX FOR A	TTACHMENT) Director		BEFORE USING ATTA	CHMENTS
Street Address	15 Gold Stree	t	· · · · · · · · · · · · · · · · · · ·	Street Ad	ldress		
City	Stonington .	CT	06378	City		State	Zip
Director Name				Director	Name		
Street Address		•		Street Ad	Idress		
City	Sta	te	Zip	City		State	Zip
10. SHARES	AUTHORIZED ("X"	BOX FOR ATTAC	CHMENT)	11. SH		BOX FOR ATTACHMENT)	• -
Number of Shares	cia	iss/Series	Par Value	Number	of Shares	Class/Series	Par Value
800 NO	PAR VALUE				100	common	none
This report i		ink by eith		e President	, Secretary, Assista	int Secretary, Treasu	rer, Receiver or Trusto



File Date: _

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 ein are true and correct.

Title of Officer



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 Perio	d: January 1-March 1 •	Filing Fec: \$50.00				PLEASE READ INSTRUCTIONS
(FORM MUST BE	TYPED IN BLACK)					
1. Corporate ID No	•				 	
98542		CREST DENTAL,	INC.			_
3. Street Address Pi	ducipal Business Office 88 Beach Street		City	Westerly	State RI	⁷ 02891
4. Business Phone i	vo. (401) 596-0075	5. State of Incorporation RHODE I	SLAND	· - · ·	· ·	6. SIC Code 9233
7. Brief Description	of the Character of Business Conducted to own and operate an o	in Rhade Island	•	ictice of dentis	stry	·
	D ADDRESSES OF THE OFF	FICERS ("X" BOX FOR ATTAC	·		FORE USING ATTACHM	ENTS
President Name	Bruce C. MacKinnon		Vice Presiden	nt Name none		
Street Address	15 Gold Street		Street Addre	ss — —		
City	Stonington CT	21p = - 06378	: City	•	State	"Zip"
Secretary Name		• • • • • • • • • • • • • • • • • • • •	· Treasurer No	me		
Street Address	Bruce C. MacKinnon		Street Addre	Bruce C. M	acKinnon _	
	15 Gold Street		<u>:</u>	15 Gold Str	eet	
City	Stonington CT	²¹ 06378	City	Stonington	State CT	²¹ 06378
	D ADDRESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT)	FILL IN SPACES I	BEFORE USING ATTACH	IMENTS
Director Name	Bruce C. MacKinnon		Director Nar	none		
Street Address	15 Gold Street		Street Addres			
City	Stonington CT	zip	City		T State	Zip
Director Name			Director Nar	ne	•••••••••••••••	
Street Address			Street Addre			
City	State	Zip	City		T State	Tzip
10. SHARES A	UTHORIZED (*x* BOX FOR AT	TACHMENT)	11. SHAF		BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of S	hares	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

		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying rehedules and statements, an
e Date:	Filed	that all platements contained ferein for true and correct.
eck No.:	FEB 01 2000	Signature of Officer Date BRUCE C. MACKINNON
	By <u>CC20007</u>	Print or Type Name of Officer
R SECRETARY O	F STATE USE ONLY	President Tule of Officer



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

GORM MUST BE TYPED IN BLA	ick)				
1. Corporate ID No.	2. Name of Corpora	ation	 	· ·· · · · · · · · · · · · · · · · · ·	
98542	BEACHCRE	ST DENTAL, INC.			
3 Street Address Principal Business	Office	. •	City	State	Zip
88 Beach Street			Westerly	. RI	02891
4. Business Phone No.		5. State of Incorporation			6 SIC Code
(401) 596-0075		RHODE ISLA	ND 		9233
7. Brief Description of the Character to own and operate ar			tice of dentistry		
•		• • • • • • • • • • • • • • • • • • • •	•		
8. NAMES AND ADDRES President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	Vice President Name	ES BEFORE USING ATTA	CHMENTS
Bruce C. MacKinnon			none		
Street Address			Street Address		
15 Gold Street			•		
Stonington	SECT	zip 06378	City	State	Zip
	-				
Secretary Name Bruce C. MacKinnon			Bruce C. MacKir	non	
15 Gold Street			15 Gold Street		
Stonington	s @ T	zip 06378	Stenington	State CT	
3	-		J		,
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Bræce®. MacKinnon			TPORTO: Nume		•
ं∳र्क Gold Street			·		
Aar Goin Pileer			Street Address		
Stonington	s <i>t</i> CT	^{2ip} 06378	City	State	Zip
Stollington	CI	-7 00378	•	3.4	2.14
Director Name	••	· · · · · · · · · · · · · · · · · · ·	Director Name		******** * ******** ** ** * **
		_			
Street Address			Street Address	. -	
City	Feas		- · ·		
Chy	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("Y" ROY KOR ATT	ACHMENT)	11 CUADEC ICCHET) (*** BOY BOD 1791-2014F1	· ·
AUTHORIZED SHARES	D CA DOATORAII	ACHINEITI)	ISSUED SHARES) (*X* BOX FOR ATTACHMEN	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100	common	none
800 NO PAR VALUE			•		:
				• •	• · - · - ·
	-	·	· - 		1
This report must be sign	ed in ink by eitl	ner the President, Vice	President, Secretary. A	ssistant Secretary, Treas	surer, Receiver or Trustee
· ·	•		. ,,,,,,		

FILED FOR SECRETARY/OF STATE USE ONLY

Under penalty of perjury, I declare and affirm, that I have examined this report including any accompanying so nedules and statements, and

Title of Officer