

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

| (FORM MUST BE TYPED | | | | | | |
|---|----------------------------|------------------------|---|-------------------------------|---|--|
| 1. Corporate ID No. | 2. Name of Corpo | | | | | |
| 93843 | | ENTAL, INC. | | | | |
| 3. Street Address Principal E | | | City | State | Zip | |
| 15 Gooding Aven | ue, Suite 1 | | Bristol | RI | 02809 | |
| 4. Business Phone No. | | 5. State of Incorpora | ition | | 6. SIC Code | |
| (401) 253- | 3781 | RI | | | | |
| 7. Brief Description of the Contal Office | | | | | 9233 | |
| | | | | | | |
| 8. NAMES AND ADDR | ESSES OF THE OF | FICERS ("X" BOX FOR | ATTACHMENT) 🗆 FILL IN | SPACES BEFORE USING | ATTACHMENTS | |
| Paul M. Kotuby, | A M C VI | | Vice President Name | | | |
| Street Address | GI. D.M.D. | | * | | | |
| P.O. Box 178 | | | Street Address | | | |
| | | | • | | | |
| City | State | Zip | City | State | Zip | |
| Bristol | RI | 02809 | • | | | |
| Secretary Name | | | Treasurer Name | | • | |
| Celeste Greco Ko | otuby | <u> </u> | <u> </u> | | | |
| Street Address | | | * Street Address | | | |
| P.O. Box 178 | | | • | | | |
| City | State | Zip | *City | State | Zip | |
| Bristol | RI | 02809 | | 1 | | |
| 9. NAMES AND ADDR | ESSES OF THE DI | ECTORS ("X" ROY FO | RATTACHMENT) [FILL] | N SPACES RECORD DE LICIN | CATTACUMENTS | |
| Director Name | | SOLOTO (A BOXTO | Director Name | N STACES BEFORE USIN | GALIACHMENIS | |
| Paul M. Kotuby, | Jr. D.M.A. | | • | | | |
| Street Address | | | Smart 4 dda | | | |
| P.O. Box 178 | | | Sireei Address | | | |
| | | | · _ | | | |
| City Bristol | State | Zip | ·City | State | Zip | |
| | RI | 02809 | | | | |
| Director Name | | | Director Name | • • • • • • • • • • • • • | • • • • • • • • • • • • • | |
| | | | : | | | |
| Street Address | | | ·Street Address | | | |
| | | | • | | | |
| City | State | Zip | .Clty | State | Zip | |
| | | | • | [| | |
| 10. SHARES AUTHOR | IZED ("X" BOX FOR | ATTACHMENT) | 11. SHARES ISSUED | "X" BOX FOR ATTACHME | ו מא: | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
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| P OO | | | 100 | | No Par | |
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| This report must be sign | anad in ink ha airk | or the Duest Jame 22 | Duratt C | <u> </u> | | |
| ima report mast be sig | gneu in ink by elln | er ine President, Vice | President, Secretary, As | sistant Secretary, Trea | surer, Receiver or Truste | |
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| | | | Under penalty of p | perjury, I declare and affire | n that I have examined | |
| | | | this report, includ | ing any accompanying sch | edules and statements, | |
| - h.h. | 1/ | | and that all statem | ents contained herein are | rue and correct. | |
| File Date 3 1417 | . נע או | | C X 1. | 1/4/ N | -11 | |
| 77.14 | עוא ו רי פיי די | T Cd | July | 1 lecus & Dm | 1/26/05 | |
| Check No. 30-01 | ח פניםיי | י שע ביי | Signature of Officer | _90 | Date | |
| 1 | V SHOLLER | _ | PAUL | M. KOTUBY. | JR DMD | |
| B_{V} | | J. | Print or Type Name of Officer | | | |
| | | <u> </u> | 30 | • | | |
| FOR SECRETARY OF STATE USE ONLY | | | PRES | 1 | | |



Form 630 12/01

| PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ | 2004 | |
|---|------|--|
| Filing Period: January 1 - March 1 • Filing Fee: \$50.00 | | |
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| (FORM MUST BE TYPED IN B | | | | | |
|---|---------------------------------------|-----------------------|--|---------------------------------------|---------------------------------------|
| 1. Corporate ID No. 93843 | 2. Name of Corpora BAYSIDE DE | | | * * | |
| 3. Street Address Principal Busine | - | | City | State | Zip |
| 15 Gooding Avenue, | Suite 1 | | Bristol | RI | 02809 |
| 4. Business Phone No. | | 5. State of Incorpora | ntion | ··· | 6. SIC Code |
| 7. Brief Description of the Charac Dental Office | cter of Business Cond | ucted in Rhode Island | | | |
| 8 NAMES AND ADDRESS President Name | ESOMME ON | CERS# (#X#DIOX#FO# | ATTACHMENTIND FILLDINS Vice President Name | ACESTE OR AUSING A | TTACHMENTS - CO |
| Paul M. Kotuby, Jr | . D.M.S. | | • | | |
| Street Address P.O. Box 178 | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809 | • | | |
| Secretary Name | · · · · · · · · · | | Treasurer Name | | ! |
| Celeste Greco Kotu | by | | • | | |
| Street Address | | | * Street Address | | |
| P.O. Box 178 | | | • | | |
| City | State | Zip | *City | State | Zip |
| Bristol | RI | 02809 | , 5, | Diale | z.ip |
| 9. NAMES AND ADDRESS | 1 | | i. Krekleiniän ja entimens | | |
| Director Name | 22.00.00 | CLOSON-N-DONGO | Director Name | DAYG SERTION WOULD | VITYCHUIE AT SECTION |
| Paul M. Kotuby, Jr | . D:M.S. | | , Director Hame | | |
| Street Address | | | Serve 422 | · · · · · · · · · · · · · · · · · · · | |
| P.O. Box 178 | | | -Street Address | | |
| City | State | Zip | ·City | State | Zip |
| Bristol | RI | 02809 | • | | |
| Director Name | | | Director Name | | · · · · · · · · · · · · · · · · · · · |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE | December 100x FORM | TUCHATENDE | ir striužsissuoda | XI BOX EOR ATTACHMEN | VIII |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 500 | | | 100 | | No Par |
| This report must he signer | d in ink hu sitha | the Densided With | Provident Communication | | |
| This report must be signed | · · · · · · · · · · · · · · · · · · · | me Frestaent, Vice | rresident, Secretary, Assi | stant Secretary, Treas | urer, Receiver or Trustee |
| | | | | | |
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| | | | | | |
| | | | Under penalty of pe | rjury, I declare and affirm | that I have examined |
| | | | this report, including | g any accompanying sche | dules and statements, |
| | Lage Draw | | and that all statemen | nts commined herein are to | ue and correct. |
| File Date FIL | とり | $\eta_{H_{i}}^{-1}$ | and Dank | $I^{(1)} = 2$ | |
| | | · I interest | July 1 | uy sus | 1 |
| Check No. AUG 19 | 2004 | | Signature of Officer | | Date |
| 7.19.9.1.0 | | | 1. Now | N. Rubbley | |
| By: By CU | 1771 | 37,775 | Print or Type Name of | Officer | |
| FOR SECRETARY OF STATE I | TOP CONTY | · 0 | than | at | |
| TOR SECRETARY OF STATE (| DOI: UNLY |] | Title of Officer | ~~ <u>~</u> | Form 630 12/01 |



Form 630 12/01

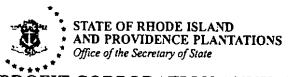
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|--|---------------------|--------------------------|---|--|---|--|
| 1. Corporate ID No. 93843 | | DENTAL, INC. | | | | |
| 3. Street Address Principal Busi | | | City | State | Zip | |
| 15 Gooding Avenue | s, Suite 1 | | Bristol | RI | 02809 | |
| 1. Business Phone No. 5. State of Incorpo | | ration | | 6. SIC Code | | |
| Brief Description of the Char Dental Office | acter of Business C | onducted in Rhode Island | | | | |
| NAMES AND ADDRES | SESOETHERO) | LICERS (XEBOXEO) | ding (artifalia) is said such a first | ACESBEFOREUSINGA | TACHMENTS LLS. | |
| resident Name | | | Vice President Name | | | |
| Paul M. Kotuby, J | r. D.M.S. | | • | | | |
| ireet Address | | | Street Address | | | |
| P.O. Box 178 | | | • | | | |
| Ny Bristol | State RI | Zip 02809 | City | State | Zip | |
| ecretary Name Celeste Greco Koti | uby | | Trèasurer Name | | | |
| ireei Address P.O. Box 178 | | | Street Address | | · · · · · · · · · · · · · · · · · · · | |
| ity | State | Zip | *City | State | Zip | |
| Bristol | RI | 02809 | • | | | |
| ANAMÉS AND ADDRES | S2SO AUTOD | RECHORS WATEON | O. Winker Collins of the Paris of River | SZ CESTINIOR PUSIKA | ATTACHMENTS | |
| Pirector Name | | | Director Name | | | |
| aul M. Kotuby, J | r. D.M.S. | | • | | | |
| treet Address | | | Street Address | | | |
| .O. Box 178 | | | • | | | |
| ity | State | Zip | •Clry | State | Zip | |
| Bristol | JRI | 02809 | • • • • • • • • • • • • • • • • • • • | | | |
| irector Name | | | Director Name | | · • • • • • • • • • • • • • • • • • • • | |
| treet Address | | | ·Street Address | | | |
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| USHARES AUDIORIZ | 30415 60 10 230 | and and are | entinestriculent de | manyans and and | ###################################### | |
| O I HORIZED SHARES | | | ISSUED SHARES | NAME OF THE PROPERTY OF THE PARTY OF THE PAR | AM District State | |
| umber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 500 | | 100 | | No Par | | |
| | | | | | | |
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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. FILED File Date DW Date AUG 19 2004 Check No. FOR SECRETARY OF STATE USE ONLY



| PROFIT CORPORATION | NANNUAL REPORT | FOR THE | YEAR | 2002 |
|------------------------------------|---------------------|---------|------|------|
| Filing Period: January 1 - March 1 | Filing Fee: \$50.00 | | | |

| (FORM MUST BE TYPED IN B | | _ | | | |
|---|---------------------------------------|------------------------------|--|---------------------------|---------------------------|
| 1. Corporage ID No. (13843 | 2. Name of Corporation BAYSIDE DEN | | | | |
| 3. Street Address Principal Busine | | | City | State | Zip |
| 15 Gooding Avenue, | Suite 1 | | Bristol | RI | 02809 |
| 4. Business Phone No. | | 5. State of Incorporation RI | | | 6. SIC Code |
| 7. Brief Description of the Charac Dental Office | cter of Business Conduct | ed in Rhode Island | | | |
| 8 NAMES AND ADDRESS President Name | | TERMINION OF THE | Vice President Name | ČESE E OT ZUSKĆA | MACHMENTS |
| Paul M. Kotuby, Jr | . D.M.S. | | . Fice i resident Hame | | |
| Street Address | | | Street Address | | |
| P.O. Box 178 | | | • | | |
| City | State | Žip | City | State | Zip |
| Bristol | RI | 02809 | . • | | ' |
| Secretary Name | | | Trèasurer Name | | |
| Celeste Greco Kotul | by | | • | | |
| Sireel Address | | | Street Address | | |
| P.O. Box 178 | T6. | | • | | |
| City Bristol | State RI | Zip | City | State | Zip |
| | | 02809 | · Stephen Charles and the second | | |
| DIVAMESAND ADDRESS Director Name | eginwittemike. | UKS (#X#9:0XGXOXA) | Director Name | Syctem become mension | ATTACHMENTS |
| Paul M. Kotuby, Jr | . D:M.S. | | .Duector Name | | |
| Street Address | | ····· | Street Address | | |
| P.O. Box 178 | | | • DATE OF THE TEST | | |
| City | State | Zip | •City | State | 17:- |
| Bristol | RI | 02809 | • | June | Zip |
| Director Name | | •! • • • • • • • • • • • • | Director Name | | 1 |
| Street Address | | | ·Street Address | | |
| City | State | Zip | .City • | State | Zip |
| 10-SHARESAU/HORIZA | D. Profes W. A. Royal Comp | CONCINUM PARTIE | TO THE PERSON OF | BOX FORMTIACHNE | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 500 | | | 100 | | No Par |
| This | · · · · · · · · · · · · · · · · · · · | | | | |
| This report must be signed | in ink by either th | ie President, Vice Pre | esident, Secretary, Assist | ant Secretary, Treas | urer, Receiver or Trustee |
| | | | | | |
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| _ | | | Under penalty of perio | ary, I declare and affirm | that I have examined |
| | | _ | this report, including a | any accompanying sched | dules and statements. |
| FIL | <u> </u> | | and that all statements | contained herein are tre | ue and correct. |
| File Date | | | < 2. Dan 11 | at The | |
| AUC 1 C | 2004 File | 1"3 6 C1 354 | Signature of Officer | early Am) | Date |
| Check No. AUG 1 | 2004 | ** | 1) _ () | 1/1/2/1 " | Duit |
| By Au | .TT 1 | D. | Print or Type Name of C | MINOTCH | |
| B_{y} . Dy (14) | | - | Trum or Type Name of O | A. H | |
| FOR SECRETARY OF STATE 1 | JSE ONLY | | - Mlhu | ally | |
| | | J 1 | Title of Officer | | Form 630 12/01 |



| Filing Period: January 1 - | March 1 • Filin | g Fee: \$50.00 | – | | · |
|---|-----------------------------|---|--|----------------------------|-------------------------------|
| (FORM MUST BE TYPED IN B. | | | | | |
| 1. Corporate ID No. | 2. Name of Corporation | | · · · · · · · · · · · · · · · · · · · | | |
| 93843 | BAYSIDE DEN | ITAL, INC. | | | |
| 3. Street Address Principal Busine | | | City | State | Zip |
| 15 Gooding Avenue | , Suite l | | Bristol | RI | 02809 |
| 4. Business Phone No. | | 5. State of Incorpora | ition | | 6. SIC Code |
| 7. Brief Description of the Charac Dental Office | cter of Business Conduc | ted in Rhode Island | | | |
| Sanames and address | ESO PUBLICAÇÃO | ers axe coxercia | ana omalika omalika omalika o | ACES BEKORPAUSING) | ATTA CHMENTS RAZAZZZ |
| 1 / CSIMENI TIMME | | | Vice President Name | | |
| Paul M. Kotuby, Jr Street Address | . D.M.S. | | , | | |
| P.O. Box 178 | | | Street Address | | ! |
| City | State | Žip | City | 10 | |
| Bristol | RI | 02809 | City | State | Zip |
| Secretary Name | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Treasurer Name | •••• | |
| Celeste Greco Kotul | by | | • | | |
| Street Address | | | * Street Address | | |
| P.O. Box 178 | | | • | | |
| City | State | Zip | *City | State | Zip |
| Bristol | RI | 02809 | • | | l i |
| 9. NAMESANDADDRESS | DESCRIPTION OF COMME | iors was more | Mirkelika November 1918 | PACESIBLEORIEUSING | ATTACHMENTS ALEX |
| Director Name | | | Director Name | | |
| Paul M. Kotuby, Jr | . D.M.S. | | • | | |
| Street Address | | | Street Address | | |
| P.O. Box 178 | | | • | | |
| City | State | Zip | -•City-··· | State | Zip |
| Bristol | JRI | 02809 | | | |
| Director Name | | | Director Name | | • • • • • • • • • • • • • • • |
| Company of Advances | | | | | |
| Street Address | | | ·Street Address | | |
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| TOISHARDSAUDORIZA | 1) //2/22/2017/07/07/17 | Zanta Cara de Cara | ************************************** | | SECURE AT |
| AUTHORIZED SHARES | - SALAN MACARITANIAN | ACHINE IN THE | ISSUED SHARES | #BOX#ORBINATION | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
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| 500 | | | 100 | | No Par |
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| This report must be signed | i in ink by either t | he President, Vice | President, Secretary, Assis | stant Secretary, Treas | surer. Receiver or Trustee |
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| | | | Under penalty of per | jury, I declare and affirm | that I have examined |
| | | ר | and that all statemen | any accompanying sche | dules and statements, |
| FILE | D | | | A TOTAL TOTAL TOTAL | de and correct. |
| File Date | | िस्व ६ म | Jalu K | elestons. | |
| Check No. AUG 19 2 | 2004 | | Signature of Officer | 777 | Date |
| Check No. AUG 19 | <u>.uut</u> | : | 1 Haul | m K otub | 4 |
| By CUI | יוֹם / דר | 1 2 2 4 3 | Print or Type Name of | Officer | + |
| | 100.00 | 03.35 1 | Proclana | 4 | |
| FOR SECRETARY OF STATE U | JSE ONLY |] | Title of Officer | <u> </u> | Form 630 12/01 |
| | | | | | - Ottil 020 12/01 |



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: Ja | nuary 1-March 1 • | Filing Fee: \$50.00 | | IIL ILAK <u>EU</u> | PHASI |
|-----------------------------|---------------------------------|------------------------|------------------------|---------------------|-------------|
| (FORM MUST BE TYPED | IN BLACK) | | | | |
| 1. Corporate ID No. | 2. Name of Corpor | ation | | | |
| 93843 | BAYSIDE 1 | DENTAL INCORPOR | ATED | | |
| 3. Street Address Principal | | | City | State | Zip |
| 15 Gooding | Avenue | | Bristol | RI | 02809 |
| 4. Business Phone No. | | 5. State of Incorporat | lon | | 6. SIC Code |
| 253-3781 | | RHODE ISLA | AND | | 9233 |
| | Character of Business Conducted | | | | |
| All facets | of operation of | of a dental p | ractice & any | other lawful | purpse |
| 8. NAMES AND AL | DRESSES OF THE OFF | | | CES BEFORE USING AT | |
| President Name | _ | | Vice President Name | | |
| Paul M. Kot | uby, Jr. | | CELESTE M. | GRECO-KOTUBY | |
| Street Address | _ | | Street Address | | |
| 15 Gooding | Avenue | | 15 Goodi | .ng Avenue | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809 | Bristol | RI | 02809 |
| Secretary Name | | •• | Treasurer Name | | |
| Celeste M. | Greco-Kotuby | | Paul M. | Kotuby, Jr. | |
| Street Address | | | Street Address | | |
| 15 Gooding | Avenue | | 15 Goodi | ng Avenue | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809 | Bristol | RI | 02809 |
| 9. NAMES AND AD | DRESSES OF THE DIR | ECTORS ("X" BOX FOR | ATTACHMENT) FTLL IN SP | ACES BEFORE USING A | TTACHMENTS |
| Pawbod. Kot | uby, Jr. | | Director Name | | |
| Street Address | | | Street Address | | |
| 15 Gooding | Avenue | | | | |
| City | State | ZIp | City | State | Zip |
| Bristol | RI | 02809 | | | |
| Director Name | • • • • • • • • • • | • • | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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

ISSUED SHARES

Number of Shares

600



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

Class/Series

Par Value

AUTHORIZED SHARES

600 NO PAR VALUE

Number of Shares

| File Date: | _ |
|---------------------------------|---|
| Check No.: | |
| By:AMF | _ |
| 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.

Class/Series

Common

Signature of Officer Paul M. Kotuby, Jr.

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

Print or Type Name of Officer

President Title of Officer



Par Value

No Par



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



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|---|-------------------------------|---------------------------|---------------------------------------|---|----------------------------|
| (FORM MUST BE TYPED I. 1. Corporate ID No. | N BLACK) 2. Name of Corpore | than | · · · · · · · · · · · · · · · · · · · | - · · · | |
| 93843 | • | DE DENTAL INCO | ₽₽₽₽₩₽₽₽ | | |
| 3. Street Address Principal Bu | usiness Office | DE PENTAL INCO | City | . State | Zip |
| 15 GOODING | AVENUE | | BRISTOL | RI | 02809 |
| 4 Business Phone No. | | 5. State of Incorporation | - | - · | 6. SIC Code |
| 253-3781 | | RHODE ISL | AND | | |
| | aracter of Business Conducted | LT. | facets of opera | tion of a de | ental practice & |
| any other | lawful purpos | se for which a | corp. may be for | med under RIG | L7-5.1 et seq. |
| President Name | ALGGES OF THE OFF | ICERS (A BOX FOR ALIM | Vice President Name | BEFURE USING ATTA | CHMENIS _ |
| Paul M. Ko | tuby, Jr. | | Paul M. Kot | uby, Jr. | |
| 15 Gooding | Avenue | | _: 15 Gooding | Avenue | |
| City | State | Z (p | - City | State | . Zip |
| Bristol Secretary Name | RI | 02809 | Bristol Treasurer Name | : RI | 02809 |
| Celeste M. Street Address | Greco-Kotub | Y . | Paul M. Kot | uby, Jr. | · |
| 15 Gooding | Avenue | | . 15 Gooding | Avenue | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809 | Bristol | RI | 02809 |
| 9. NAMES AND ADI: Director Name | RESSES OF THE DIR | ECTORS ("X" BOX FOR AT | FACHMENT) FILL IN SPAC | ES BEFORE USING AT | TACHMENTS |
| Paul M. Ko | tuby. Jr. | | • | | |
| Street Address | | · ··- | Street Address | | - |
| 15 Gooding | Avenue | | | | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809 | | i | |
| 2.0000 | | | . Director Name | | |
| Street Address | • | | Street Address | · · · | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHOR | RIZED ("x" box for att | ACHMENT) | 11. SHARES ISSUED (| "X" ROX FOR ATTACHME | NT) * |
| AUTHORIZED SHARES | | | ISSUED SHARES | , bon in it in an | ''' = |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 No Par | Value | | 400 | • | |
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| | ·- • • • | | <u> </u> | | |
| This report must be | signed in ink by eitl | her the President, Vice | President, Secretary, Ass | istant Secretary. Trea | surer, Receiver or Trustee |
| | - | , | ., , , , , , , , , , , , , | | |
| | | | | | |

| 66, ") 23 (1 | this report, including any accomp | e and affirm that I have examined panying schedules and statements, and |
|---------------------------------|--|---|
| File Date: MAR | 15 1999 This 76 that all statements contained here Signature of Officer Signature of Officer | ein are true and correct. 2/9/48 Dute |
| By. | Print or Type Name of Officer | <u>Jr.</u> |
| FOR SECRETARY OF STATE USE ONLY | President Title of Offic | 98 |
| | | |



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

| 3 | , | 1111/2 1 62. \$50.00 | | | INSTRUCTIONS | |
|---|---|---------------------------|--|----------------------------------|---------------------------------------|--|
| (FORM MUST BE TYPED IN | | | | | | |
| 1. Corporate ID No. | 2. Name of Corpora | | | • | | |
| 93843 3. Street Address Principal Busin | ess Office | DENTAL INCORPORA | ATED | State | · · · · · · · · · · · · · · · · · · · | |
| 15 GOODING A | VENUE | | BRISTOL | RI | 02809 | |
| 4. Business Phone No. | | 5. State of Incorporation | · •• · • · • • • • • • • • • • • • • • | | 6. SIC Code | |
| 253-3781 | | RHODE ISLA | ND | | | |
| 2. anti Description of the Chare | End musiness Conducted i | in Rhode Island All fa | cets of operati | on of a dent | cal practice & | |
| | | ICERS ("X" BOX FOR ATTA | orp. may be for | med under R | GL /-5.1 et sec | |
| President Name | | | Vice President Name | | | |
| Paul M. Kotuby, Jr. | | | Paul M. Kotul | by, Jr. | | |
| | 0010 | | Street Address 15 Gooding Av | vanua | | |
| 15 Gooding_Av | State | Zip | City City | State | Zip | |
| Bristol | RI | 02809 | Bristol | RI | 02809 | |
| Secretary Name | 1 | | Treasurer Name | ····· | | |
| Celeste M.Gred | o-Kotuby | · | Paul M. Kotul | by, Jr. | | |
| 15 Gooding Ave | enue | | • | Street Address 15 Gooding Avenue | | |
| City | State | Zip | City | State | Zip | |
| Bristol | RI | 02809 | Bristol | RI | 02809 | |
| 9. NAMES AND ADDR | ESSES OF THE DIRI | ECTORS ("X" BOX FOR AT | - , | | ^ | |
| Paul M. Kotub | v. Jr | | Director Name | | | |
| Street Address | (1.) (| | Street Address | | | |
| _15 Gooding Av | | | | | | |
| City | State | Zip | City | State | Zip | |
| Bristol Director Name | ļ. ri | 02809 | Director Name | | | |
| | • | | Director Hame | | | |
| Street Address | ·- ··· | | Street Address | | | |
| City | | | · | | | |
| City | j State | | City | State | Zip | |
| 10. SHARES AUTHORIZ | ZED ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED (| YY BOY FOR ATTACHME | ur) [| |
| AUTHORIZED SHARES | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| Number of Shares | Class/Series - | Par Value | · Number of Shares | Class/Series | Par Value | |
| _ 600 NO PAR VALUE | | 400 | | | | |
| | | | | | | |
| This report must be st | and in let by sixt | on the Descident IV | Banklan C | | | |
| inis report must be 31) | Rece in the OA Gift | ier the President, Vice | President, Secretary, Assi | istant Secretary, Trea | surer, Receiver or Truster | |
| | | 4115 1 8 8 1 | | • | | |
| | | | | • | | |

| File Date: | # 5 3 8 4 3 + FIL # 5 20 127 - 30035 MAR 0 # 5 20 127 - 30035 MAR 0 | this report, include that all statements and statements are statements. | f perjury, I declare and affirm to uding any accompanying sched ats contained herein are true are true to the lower true are true | ules and statements, a |
|------------------------|---|---|---|------------------------|
| Check No.: | <u></u> | 19576 Signature of Officer | 70 | Date 1 |
| | | Paul M. | Kotuby, Jr. | |
| Bv: | , f | Print or Type Name o | • •• | <u> </u> |
| FOR SECRETARY OF STATE | JSE ONLY | Preside | nt | |
| | • | Title of Officer | | |