



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 IN BLACK)

1. Corporate ID No. 93843		2. Name of Corporation BAYSIDE DENTAL, INC.		
3. Street Address Principal Business Office 15 Gooding Avenue, Suite 1		City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 253-3781		5. State of Incorporation RI		6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island Dental Office				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul M. Kotuby, Jr. D.M.D.		Vice President Name		
Street Address P.O. Box 178		Street Address		
City Bristol	State RI	Zip 02809	City	State
Secretary Name Celeste Greco Kotuby		Treasurer Name		
Street Address P.O. Box 178		Street Address		
City Bristol	State RI	Zip 02809	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Paul M. Kotuby, Jr. D.M.D.		Director Name		
Street Address P.O. Box 178		Street Address		
City Bristol	State RI	Zip 02809	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
600			100	No Par

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

File Date **3/14/06** Hd 418VH SD
Check No. **30.00** SHOWN
By: **[Signature]** 100
1235
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] 2/26/05
Signature of Officer Date
PAUL M. KOTUBY, JR. DMD
Print or Type Name of Officer
PRES.
Title of Officer



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93843		2. Name of Corporation BAYSIDE DENTAL, INC.	
3. Street Address Principal Business Office 15 Gooding Avenue, Suite 1		City Bristol	State RI
4. Business Phone No.		5. State of Incorporation RI	6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Dental Office			

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

President Name Paul M. Kotuby, Jr. D.M.S.			Vice President Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Celeste Greco Kotuby			Treasurer Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip

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

Director Name Paul M. Kotuby, Jr. D.M.S.			Director Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☐ ISSUED (X BOX FOR ATTACHMENT) ☐

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

File Date	FILED
Check No.	AUG 19 2004
By	By C41771
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.

100
Signature of Officer
Paul M. Kotuby
Date
Print or Type Name of Officer
Paul M. Kotuby
President
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93843		2. Name of Corporation BAYSIDE DENTAL, INC.	
3. Street Address Principal Business Office 15 Gooding Avenue, Suite 1		City Bristol	State RI
4. Business Phone No.		5. State of Incorporation RI	6. SIC Code

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

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

President Name Paul M. Kotuby, Jr. D.M.S.			Vice President Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Celeste Greco Kotuby			Treasurer Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip

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

Director Name Paul M. Kotuby, Jr. D.M.S.			Director Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X-BOX FOR ATTACHMENT) 11. SHARES ISSUED (X-BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500			100		No Par

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

FILED

File Date AUG 19 2004

Check No. By: C41771

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 Paul M. Kotuby, Jr. Date
Print or Type Name of Officer Paul M. Kotuby, Jr.
Title of Officer President



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 13843		2. Name of Corporation BAYSIDE DENTAL, INC.			
3. Street Address Principal Business Office 15 Gooding Avenue, Suite 1		City Bristol	State RI	Zip 02809	
4. Business Phone No.		5. State of Incorporation RI		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Dental Office					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul M. Kotuby, Jr. D.M.S.			Vice President Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Celeste Greco Kotuby			Treasurer Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul M. Kotuby, Jr. D.M.S.			Director Name		
Street Address P.O. Box 178			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
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 be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date AUG 19 2004

Check No. By C41771

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/01



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 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93843		2. Name of Corporation BAYSIDE DENTAL, INC.		
3. Street Address Principal Business Office 15 Gooding Avenue, Suite 1		City Bristol	State RI	Zip 02809
4. Business Phone No.		5. State of Incorporation RI		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Dental Office				
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul M. Kotuby, Jr. D.M.S.		Vice President Name		
Street Address P.O. Box 178		Street Address		
City Bristol	State RI	Zip 02809	City	State
Secretary Name Celeste Greco Kotuby		Treasurer Name		
Street Address P.O. Box 178		Street Address		
City Bristol	State RI	Zip 02809	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Paul M. Kotuby, Jr. D.M.S.		Director Name		
Street Address P.O. Box 178		Street Address		
City Bristol	State RI	Zip 02809	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
500			100	No Par

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

FILED

File Date **AUG 19 2004**

Check No. **By C41771**

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 **Paul M. Kotuby** Date
Print or Type Name of Officer **Paul M. Kotuby**
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)

1. Corporate ID No. **93843** 2. Name of Corporation **BAYSIDE DENTAL INCORPORATED**
3. Street Address Principal Business Office City State Zip
15 Gooding Avenue Bristol RI 02809
4. Business Phone No. 5. State of Incorporation
253-3781 RHODE ISLAND 6. SIC Code
9233

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

All facets of operation of a dental practice & any other lawful purpose

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

President Name Paul M. Kotuby, Jr. Street Address 15 Gooding Avenue City State Zip Bristol RI 02809 Secretary Name Celeste M. Greco-Kotuby Street Address 15 Gooding Avenue City State Zip Bristol RI 02809	Vice President Name CELESTE M. GRECO-KOTUBY Street Address 15 Gooding Avenue City State Zip Bristol RI 02809 Treasurer Name Paul M. Kotuby, Jr. Street Address 15 Gooding Avenue City State Zip Bristol RI 02809
--	---

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

Director Name Paul M. Kotuby, Jr. Street Address 15 Gooding Avenue City State Zip Bristol RI 02809	Director Name Street Address City State Zip
--	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par

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



* 9 3 8 4 3 *

File Date: 2-24-00

Check No.: 1621

By: AME

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.

Paul M. Kotuby, Jr. 2/9/00
Signature of Officer Date

Paul M. Kotuby, Jr.
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. 93843		2. Name of Corporation BAYSIDE DENTAL INCORPORATED	
3. Street Address Principal Business Office 15 GOODING AVENUE		City BRISTOL	State RI
4. Business Phone No. 253-3781		5. State of Incorporation RHODE ISLAND	6. SIC Code 02809
7. Brief Description of the Character of Business Conducted in Rhode Island All facets of operation of a dental practice & any other lawful purpose for which a corp. may be formed under RIGL 7-5.1 et seq.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul M. Kotuby, Jr.		Vice President Name Paul M. Kotuby, Jr.	
Street Address 15 Gooding Avenue		Street Address 15 Gooding Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Celeste M. Greco-Kotuby		Treasurer Name Paul M. Kotuby, Jr.	
Street Address 15 Gooding Avenue		Street Address 15 Gooding Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Paul M. Kotuby, Jr.		Director Name	
Street Address 15 Gooding Avenue		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 600 No Par Value	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 600	Class/Series	Par Value	

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

FILED

MAR 05 1999

By **WTH 24576**

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 **Paul M. Kotuby, Jr.** Date **2/9/98**

Print or Type Name of Officer **Paul M. Kotuby, Jr.**

Title of Office **President**

File Date: **3/1/99**
Check No.: **057-1030**
By: **WTH 24576**
FOR SECRETARY OF STATE USE ONLY



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
401-277-3040

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 93843		2. Name of Corporation BAYSIDE DENTAL INCORPORATED	
3. Street Address Principal Business Office 15 GOODING AVENUE		City BRISTOL	State RI
4. Business Phone No. 253-3781		5. State of Incorporation RHODE ISLAND	
6. SIC Code			
7. Brief Description of the Character of Business Conducted in Rhode Island All facets of operation of a dental practice & any other lawful purpose for which a corp. may be formed under RIGL 7-5.1 et seq.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Paul M. Kotuby, Jr.		Vice President Name Paul M. Kotuby, Jr.	
Street Address 15 Gooding Avenue		Street Address 15 Gooding Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Celeste M. Gredo-Kotuby		Treasurer Name Paul M. Kotuby, Jr.	
Street Address 15 Gooding Avenue		Street Address 15 Gooding Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name Paul M. Kotuby, Jr.		Director Name	
Street Address 15 Gooding Avenue		Street Address	
City Bristol	State ri	City	State
Zip 02809		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 NO PAR VALUE		600	
Par Value		Par Value	

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



* 9 3 8 4 3 *

MAR 05 1999
02:11:38

FILED

MAR 05 1999

By **6043**
249576

File Date:

Check No.:

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 contained herein are true and correct.

Signature of Officer **Paul M. Kotuby, Jr.** Date **2/9/98**

Print or Type Name of Officer
Paul M. Kotuby, Jr.

Title of Officer
President