



**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 No. 116844		2. Name of Corporation Kevin P. Hagerty, D.M.D., Professional Corporation			
3. Street Address (Principal Business Office) 1050 Main Street, Suite 29			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 884-8474		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233	
7. Brief Description of Principal Business Conducted in Rhode Island <b>TO ENGAGE IN THE PRACTICE OF THE PROFESSION OF DENTISTRY</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin P. Hagerty, D.M.D.			Vice President Name		
Street Address 1050 Main Street, Suite 29			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Kevin P. Hagerty, D.M.D.			Treasurer Name Kevin P. Hagerty, D.M.D.		
Street Address 1050 Main Street, Suite 29			Street Address 1050 Main Street, Suite 29		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name No Directors			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 ("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
1,000 NO PAR VALUE			100	Common	No par value.

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



File Date 2-18-05  
Check No. 2268  
By MB  
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 Kevin P. Hagerty DMD Date 1/15/05  
Print or Type Name of Officer Kevin P. Hagerty, D.M.D.  
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
601-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No, Name of Corporation, Principal Business Office, Business Phone No, State of Incorporation, Brief Description of the Character of Business, Officers (President, Vice President, Secretary, Treasurer), Directors, Shares Authorized, Shares Issued.

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



\* 1 1 6 8 4 4 \*

File Date: 2/11/04
Check No: 1962
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: [Signature] Date: 1/30/04
Kevin P. Hagerty, D.M.D.
President
Title of Officer



**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. **116844** 2. Name of Corporation **Kevin P. Hagerty, D.M.D., Professional Corporation**  
3. Street Address Principal Business Office **1050 Main Street, Suite 29** City **East Greenwich** State **RI** Zip **02818**  
4. Business Phone No **(401) 884-8474** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Dentistry

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

President Name <b>Kevin P. Hagerty, D.M.D.</b> Street Address <b>1050 Main Street, Suite 29</b> City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>	Vice President Name  Street Address  City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>Kevin P. Hagerty, D.M.D.</b> Street Address <b>1050 Main Street, Suite 29</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02818</b>	Treasurer Name <b>Kevin P. Hagerty, D.M.D.</b> Street Address <b>1050 Main Street, Suite 29</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02818</b>

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

Director Name <b>No Directors.</b> Street Address  City <b></b> State <b></b> Zip <b></b>	Director Name  Street Address  City <b></b> State <b></b> Zip <b></b>
Director Name  Street Address  City <b></b> State <b></b> Zip <b></b>	Director Name  Street Address  City <b></b> State <b></b> Zip <b></b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par value.</b>

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



File Date: 2/4/03  
Check No: 1064  
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: [Signature] Date: 1/25/03  
Print or Type Name of Officer: Kevin P. Hagerty, D.M.D.  
Title of Officer: President



**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. **116844** 2. Name of Corporation **Kevin P. Hagerty, D.M.D., Professional Corporation**

3. Street Address Principal Business Office **1050 Main Street, Suite 29** City **East Greenwich** State **RI** Zip **02818**

4. Business Phone No. **884-8474** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

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

President Name <b>Kevin P. Hagerty, D.M.D.</b>	Vice President Name
Street Address <b>1050 Main Street, Suite 29</b>	Street Address
City State Zip <b>East Greenwich RI 02818</b>	City State Zip
Secretary Name <b>Kevin P. Hagerty, D.M.D.</b>	Treasurer Name <b>Kevin P. Hagerty, D.M.D.</b>
Street Address <b>1050 Main Street, Suite 29</b>	Street Address <b>1050 Main Street, Suite 29</b>
City State Zip <b>East Greenwich RI 02818</b>	City State Zip <b>East Greenwich RI 02818</b>

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

Director Name **No Directors.** 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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par value.</b>

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



\* 1 1 6 8 4 4 \*

File Date 2-21-02

Check No. 1380

By [Signature]

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] 2/19/02  
Signature of Officer Date

**Kevin P. Hagerty, D.M.D.**  
Print or Type Name of Officer

**President**

Title of Officer