



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. 1558		2. Name of Corporation Attleboro-Cumberland Oral Surgeons, Inc.			
3. Street Address Principal Business Office 3353 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4016582224		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF DENTISTRY AND ORAL SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Joal D. Camelio			Vice President Name Dr. John F. Biernacki		
Street Address 103 Commonwealth Avenue			Street Address 3353 Mendon Road		
City Attleboro Falls	State MA	Zip 02763	City Cumberland	State RI	Zip 02864
Secretary Name Dr. Joal D. Camelio			Treasurer Name Dr. John F. Biernacki		
Street Address 103 Common Avenue			Street Address 3353 Mendon Road		
City Attleboro Falls	State MA	Zip 02763	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. Joan D. Camelio			Director Name Dr. John F. Biernacki		
Street Address 103 Commonwealth Avenue			Street Address 3353 Mendon Road		
City Attleboro Falls	State MA	Zip 02763	City Cumberland	State RI	Zip 02864
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					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
8,000 COMM NO PAR VALUE				Number of Shares	Class/Series
				2000	Common
					No Par

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



1 5 5 8

1558 DBC 01/15/05 11:00:04 AM

File Date 2-14-05

Check No. 14264, 4340

By: KJB

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 2/14/05
 Dr. Joal Camelio
 Print or Type Name of Officer
 President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1558
2. Name of Corporation Attleboro-Cumberland Oral Surgeons, Inc.
3. Street Address Principal Business Office 3353 MENDON ROAD City CUMBERLAND State RI Zip 02864
4. Business Phone No. 4016582224 5. State of Incorporation RHODE ISLAND 6 SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF DENTISTRY AND ORAL SURGEONS

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

President Name Dr. Joal D. Camelio			Vice President Name Dr. John F. Biernacki		
Street Address 103 Commonwealth Avenue			Street Address 3353 Mendon Road		
City Attleboro Falls	State MA	Zip 02763	City Cumberland	State RI	Zip 02864
Secretary Name Dr. Joal D. Camelio			Treasurer Name Dr. John F. Biernacki		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip

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

Director Name Dr. Joal D. Camelio			Director Name Dr. John F. Biernacki		
Street Address SAME			Street Address SAME		
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

Number of Shares	Class/Series	Par Value
8,000	COMMON	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2000	common	no par

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



1 5 5 8

1558 DBC 09/02/03 03:50:09 PM
File Date 3/22/04
Check No. 3603
By SC
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 3/1/04
Dr. Joal D. Camelio
Print or Type Name of Officer
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. **1558** 2. Name of Corporation **Attleboro-Cumberland Oral Surgeons, Inc.**
 3. Street Address Principal Business Office **3353 Mendon Road** City **Cumberland** State **RI** Zip **02864**
 4. Business Phone No. **(401) 658-2224** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**
 7. Brief Description of the Character of Business Conducted in Rhode Island
practice of dentistry and oral surgery

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

President Name Dr. Joal D. Camelio	Vice President Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City State Zip Attleboro Falls MA 02763	City State Zip Cumberland RI 02864
Secretary Name Dr. Joal D. Camelio	Treasurer Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City State Zip	City State Zip

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

Director Name Dr. Joal D. Camelio	Director Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

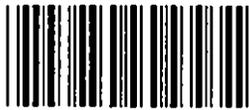
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
8,000 COMM NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
2,000 common no par

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



* 1 5 5 8 *

File Date: **3.19.03**
 Check No.: **2876 13380**
 By: **UP**

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 **3/17/03**
 Print or Type Name of Officer
Dr. Joal D. Camelio
 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. **1558** 2. Name of Corporation **Attleboro-Cumberland Oral Surgeons, Inc.**
3. Street Address Principal Business Office **3353 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 658-2224** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
practice of dentistry and oral surgery

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

President Name Dr. Joal D. Camelio	Vice President Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City State Zip Attleboro-Falls MA 02763	City State Zip Cumberland RI 02864
Secretary Name Dr. Joal D. Camelio	Treasurer Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City State Zip	City State Zip

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

Director Name Dr. Joal D. Camelio	Director Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
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
Number of Shares Class/Series Par Value
8,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,000 common no par

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



* 1 5 5 8 *

File Date: 1997-1-1

Check No.: MAR 07 2002

By: 170/2870/2104 [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. 1/28/02

Signature of Officer [Signature] Date

Dr. Joal D. Camelio

Print or Type Name of Officer

President

Title of Officer



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. **1558** 2. Name of Corporation **Attleboro-Cumberland Oral Surgeons, Inc.**
3. Street Address Principal Business Office **3353 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 658-2224** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
practice of dentistry and oral surgery

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

President Name Dr. Joal D. Camelio	Vice President Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City State Zip Attleboro-Falls MA 02763	City State Zip Cumberland RI 02864
Secretary Name Dr. Joal D. Camelio	Treasurer Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City State Zip Attleboro-Falls MA 02763	City State Zip Cumberland RI 02864

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

Director Name Dr. Joal D. Camelio	Director Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City State Zip Attleboro-Falls MA 02763	City State Zip Cumberland RI 02864
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
8,000	NO PAR VAL COM	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	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: 1/30/01
Check No.: 1225
By: Joal D. Camelio

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: 1/22/01
Dr. Joal D. Camelio
Print or Type Name of Officer
President
Title of Officer



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. **1558** 2. Name of Corporation **Attleboro-Cumberland Oral Surgeons, Inc.**

3. Street Address Principal Business Office
 City: **Attleboro** State: **MA** Zip: **01901**
3353 Mendon Road City: **Cumberland** State: **RI** Zip: **02864**

4. Business Phone No. **(401) 658-2224** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
practice of dentistry and oral surgery

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

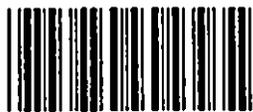
President Name Dr. Joal D. Camelio	Vice President Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City Attleboro-Falls State: MA Zip: 02763	City Cumberland State: RI Zip: 02864
Secretary Name Dr. Joal D. Camelio	Treasurer Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City Attleboro-Falls State: MA Zip: 02763	City Cumberland State: RI Zip: 02864

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

Director Name Dr. Joal D. Camelio	Director Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City Attleboro-Falls State: MA Zip: 02763	City Cumberland State: RI Zip: 02864
Director Name Dr. Joal D. Camelio	Director Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City Attleboro-Falls State: MA Zip: 02763	City Cumberland State: RI Zip: 02864

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VAL COM		2,000	common/ N/A	no par

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



* 1 5 5 8 *

File Date: **2/29/00**

Check No.: **12590**

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] Date: **2/7/00**

Signature of Officer: **Dr. Joal D. Camelio**

Print or Type Name of Officer

President

Title of Officer

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. 1558		2. Name of Corporation Attleboro-Cumberland Oral Surgeons, Inc.	
3. Street Address Principal Business Office 3353 Mendon Road		City Cumberland	State RI
4. Business Phone No. (401) 658-2224		5. State of Incorporation RHODE ISLAND	6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island practice of dentistry and oral surgery			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dr. Joal D. Camelio		Vice President Name Dr. John F. Biernacki	
Street Address 103 Commonwealth Avenue		Street Address 3353 Mendon Road	
City Attleboro-Falls	State MA	City Cumberland	State RI
Zip 02763		Zip 02864	
Secretary Name Dr. Joal D. Camelio		Treasurer Name Dr. John F. Biernacki	
Street Address SAME		Street Address SAME	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Dr. Joal D. Camelio		Director Name Dr. John F. Biernacki	
Street Address SAME		Street Address SAME	
City	State	City	State
Zip		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
8,000 NO PAR VAL COM		2,000	common/ N/A
Par Value		Par Value	no par

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



* 1 5 5 8 *

File Date: 3.1.99
Check No.: 11740 + 11704
By: ICP

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: 1/21/99
Dr. Joal D. Camelio
Print or Type Name of Officer
President
Title of Officer



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. 1558		2. Name of Corporation Attleboro-Cumberland Oral Surgeons, Inc.		
3. Street Address Principal Business Office 3353 Mendon Road		City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 658-2224		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island practice of dentistry and oral surgery				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)				
President Name Dr. Joal D. Camelio		Vice President Name Dr. John F. Biernacki		
Street Address 103 Commonwealth Avenue		Street Address 3353 Mendon Road		
City Attleboro-Falls	State MA	Zip 02763	City Cumberland	State RI
Secretary Name Dr. Joal D. Camelio	Treasurer Name Dr. John F. Biernacki		Street Address SAME	
Street Address SAME	City SAME	State SAME	Zip SAME	City SAME
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)				
Director Name Dr. Joal D. Camelio		Director Name Dr. John F. Biernacki		
Street Address SAME		Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME
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
8,000	NO PAR VAL COM		2,000	common/ N/A
				no par

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



* 1 5 5 8 *

File Date: 2/13/98
Check No.: 1089A
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] Date 2/26/98
Signature of Officer
Dr. Joal D. Camelio
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **1558** 2. Name of Corporation **Attleboro-Cumberland Oral Surgeons, Inc.**

3. Street Address Principal Business Office City State Zip
3353 Mendon Road **Cumberland** **RI** **02864**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 658-2224 **RHODE ISLAND** **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island
practice of dentistry and oral surgery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Dr. Joal D. Camelio	Vice President Name Dr. John F. Biernacki
Street Address 103 Commonwealth Avenue	Street Address 3353 Mendon Road
City State Zip Attleboro-Falls MA 02763	City State Zip Cumberland RI 02864
Secretary Name Dr. Joal D. Camelio	Treasurer Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Dr. Joal D. Camelio	Director Name Dr. John F. Biernacki
Street Address SAME	Street Address SAME
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VAL COM		2,000	common/ N/A	no par

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



File Date: 2-28-97

Check No.: 10008

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] Date 1/31/97

Signature of Officer

Dr. Joal D. Camelio

Print or Type Name of Officer

President

Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 1558		2. NAME OF CORPORATION Attleboro-Cumberland Oral Surgeons, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 3353 Mendon Road			CITY Cumberland	STATE RI	ZIP CODE 02864
4. BUSINESS PHONE NO. (401) 658-2224		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9233	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND practice of dentistry and oral surgery					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Dr. Joal D. Camelio			VICE PRESIDENT NAME Dr. John F. Biernacki		
STREET ADDRESS 103 Commonwealth Avenue			STREET ADDRESS 3353 Mendon Road		
CITY Attleboro-Falls	STATE MA	ZIP CODE 02763	CITY Cumberland	STATE RI	ZIP CODE 02864
SECRETARY NAME Dr. Joal D. Camelio			TREASURER NAME Dr. John F. Biernacki		
STREET ADDRESS SAME			STREET ADDRESS SAME		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Dr. Joal D. Camelio			DIRECTOR NAME Dr. John F. Biernacki		
STREET ADDRESS 103 Commonwealth Avenue			STREET ADDRESS 3353 Mendon Road		
CITY Attleboro-Falls	STATE MA	ZIP CODE 02763	CITY Cumberland	STATE RI	ZIP CODE 02864
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	NO PAR VAL COM		2,000	common/ N/A	no par

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 schedules and statements, and that all statements contained herein are true and correct.

File Date: 2-22-96

Check No: 9082

By: *[Signature]*

[Signature]
Signature of Officer

Dr. Joal D. Camelio

Print or Type Name of Officer

President

Title of Officer

2/27/96
Date



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0001558 Annual Report for the year: 1995

Name of Corporation: Attleboro-Cumberland Oral Surgeons, Inc.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office: not applicable
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
3353 Mendon Road
Cumberland, Rhode Island 02864
 Phone: (401) 658-2224
 Brief statement of the character of business conducted in Rhode Island:
practice of dentistry and oral surgery

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Dr. Joal D. Camelio	3353 Mendon Road	Cumberland, RI	02864
VICE PRESIDENT Dr. John F. Biernacki	103 Commonwealth Avenue	Attleboro-Falls, MA	02763
SECRETARY Dr. Joal D. Camelio	SAME AS ABOVE		
TREASURER Dr. John F. Biernacki	SAME AS ABOVE		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. John F. Biernacki	103 Commonwealth Avenue	Attleboro-Falls, MA	02763
Dr. Joal D. Camelio	3353 Mendon Road	Cumberland, RI	02864

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series	Par Value	Number of Shares	Class / Series	Par Value
8,000	common/ not applicable	without par value	2,000	common/ not applicable	without par value

Date 3/20/95, 19 95
 By: [Signature]
 PRINT OR TYPE NAME OF OFFICER SIGNING Dr. Joal D. Camelio
 TITLE OF OFFICER SIGNING President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CK 8531
PAID
 MAR 30 1995
 SECRETARY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0001558 Annual Report for the year: 1994

Name of Business Entity: Attleboro-Cumberland Oral Surgeons, Inc.

Business entity organized under the laws of the State of: Rhode Island
Federal Taxpayer Identification Number: _____
For foreign entity, address and telephone number of principal office:
not applicable
Phone: () _____
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
3353 Mendon Road
Cumberland, Rhode Island 02864
Phone: (401) 658-2224

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
Dr. Joal D. Camelio, President
3353 Mendon Road
Cumberland, Rhode Island 02864
Brief statement of the character of business conducted in Rhode Island:
practice of dentistry and
oral surgery
Date of Organization: December 20, 1983
Date of Qualification to do business in Rhode Island (if foreign entity):
not applicable

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. Joal D. Camelio	3353 Mendon Road	Cumberland, RI	02864
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. John F. Biernacki	103 Commonwealth Ave.	Attleboro-Falls, MA	02763
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. Joal D. Camelio	SAME AS ABOVE		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. John F. Biernacki	SAME AS ABOVE		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. John F. Biernacki	103 Commonwealth Ave.	Attleboro-Falls, MA	02763
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Dr. Joal D. Camelio	3353 Mendon Road	Cumberland, RI	02864

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	8,000	NUMBER	2,000
CLASS	Common	CLASS	Common
SERIES	Not applicable	SERIES	Not applicable
PAR VALUE OR WITHOUT PAR	Without par value	PAR VALUE OR WITHOUT PAR	Without par value

Date 2/5, 1994

By: [Signature]
Dr. Joal D. Camelio
PRESIDENT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 31 or Form LLC 3 must be filed.

FILED

MAR 1 1994

By AMIT #29
7076

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001558 Annual Report for the year 1993

FIRST: The name of the corporation is Attleboro-Cumberland Oral Surgeons, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own, operate and maintain a business for the purpose of the practice of dentistry and oral surgery

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 3353 Mendon Road, Cumberland, Rhode Island 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Dr. John F. Biernacki</u>	<u>Director</u>	<u>3353 Mendon Road, Cumberland, RI</u>
<u>Dr. Joal D. Camelio</u>	<u>Director</u>	<u>103 Commonwealth Ave., Attleboro-Falls, MA</u>
<u>Dr. Joal D. Camelio</u>	<u>Director</u>	<u>same as above</u>
<u>Dr. John F. Biernacki</u>	<u>Vice President</u>	<u>same as above</u>
<u>Dr. Joal D. Camelio</u>	<u>Secretary</u>	<u>same as above</u>
<u>Dr. John F. Biernacki</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>common</u>	<u>not applicable</u>	<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2,000</u>	<u>common</u>	<u>not applicable</u>	<u>without par value</u>

AMTA 29
5312
Rec'd & Filed FEB 23 1993

Dated 1/29 19 93

Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0001558..... Annual Report for the year..... 1992

FIRST: The name of the corporation is.....Attleboro-Cumberland Oral Surgeons, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....to own, operate and maintain a business
for the purpose of the practice of dentistry and oral surgery.....

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not applicable.....

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3353 Mendon Road, Cumberland, Rhode Island 02864.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. John F. Biernacki	Director	3353 Mendon Road, Cumberland, RI
Dr. Joal D. Camelio	Director	103 Commonwealth Ave., Attleboro-Falls, MA
	Director	
Dr. Joal D. Camelio	President	same as above
Dr. John F. Biernacki	Vice President	same as above
Dr. Joal D. Camelio	Secretary	same as above
Dr. John F. Biernacki	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common	not applicable	without par value

EIGHTH: Number of Shares issued:

Rec'd & Filed

MAR 26 1992

AMT 4906

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common	not applicable	without par value

Dated..... February 12 19 92.....

.....Attleboro-Cumberland Oral Surgeons, Inc. (Name of Corporation)

By.....*[Signature]*.....

Title..... President.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001558 Annual Report for the year 1991

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Name	Office	Address (including number, street, zip code)
<u>Dr. John F. Biernacki</u>	<u>Director</u>	<u>3353 Mendon Road, Cumberland, RI</u>
<u>Dr. Joal D. Camelio</u>	<u>Director</u>	<u>103 Commonwealth Ave., Attleboro-Falls, MA</u>
	<u>Director</u>	
<u>Dr. Joal D. Camelio</u>	<u>President</u>	<u>same as above</u>
<u>Dr. John F. Biernacki</u>	<u>Vice President</u>	<u>same as above</u>
<u>Dr. Joal D. Camelio</u>	<u>Secretary</u>	<u>same as above</u>
<u>Dr. John F. Biernacki</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2,000</u>	<u>common</u>	<u>not applicable</u>	<u>without par value</u>

RECEIVED
FEB 26 1991
SECRETARY OF STATE

Dated February 1 19 91

Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001558 Annual Report for the year 1990

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SECOND: It is incorporated under the laws of Rhode Island

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FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 3353 Mendon Road, Cumberland, Rhode Island 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. John F. Biernacki	Director	3353 Mendon Road, Cumberland, RI
Dr. Joal D. Camelio	Director	103 Commonwealth Ave., Attleboro-Falls, MA
	Director	
Dr. Joal D. Camelio	President	same as above
Dr. John F. Biernacki	Vice President	same as above
Dr. Joal D. Camelio	Secretary	same as above
Dr. John F. Biernacki	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
8,000	common

PAID
Series
MAR 15 1990
not applicable
SEC'Y. OF STATE

Par Value
or statement that
shares are without
par value
without par value

EIGHTH: Number of Shares issued:

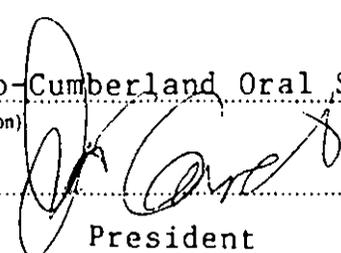
No. of Shares	Class
2,000	common

Series
not applicable
without par value

Par Value
or statement that
shares are without
par value

Dated 1/20 19 90

Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

By  President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... 1558

Annual Report for the year..... 1989

FIRST: The name of the corporation is.....
Attleboro-Cumberland Oral Surgeons, Inc.

SECOND: It is incorporated under the laws of..... Rhode Island

THIRD: Character of business, briefly stated, is to own, operate and maintain a business
for the purpose of the practice of dentistry and oral surgery

FOURTH: If foreign corporation, address of its principal office.....
not applicable

FIFTH: Business address in Rhode Island.....
3353 Mendon Road, Cumberland, Rhode Island 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. John F. Biernacki	Director	3363 Mendon Road, Cumberland, RI
Dr. Joal D. Camelio	Director	103 Commonwealth Ave., Attleboro-Falls, MA
	Director	
Dr. Joal D. Camelio	President	same as above
Dr. John F. Biernacki	Vice President	same as above
Dr. John F. Biernacki	Secretary	same as above
Dr. Joal D. Camelio	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common	not applicable	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common	not applicable	without par value

PAID
FEB 09 1989
SECY. OF STATE

Dated..... January 27..... 1989

Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

By.....

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1558 Annual Report for the year 1988

FIRST: The name of the corporation is Attleboro-Cumberland Oral Surgeons, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own, operate and maintain a business for the purpose of the practice of dentistry and oral surgery.

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 3353 Mendon Road, Cumberland, Rhode Island 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. John F. Biernacki	Director	3353 Mendon Road, Cumberland, RI
Dr. Joal D. Camelio	Director	103 Commonwealth Ave., Attleboro-Falls, MA
Dr. Joal D. Camelio	President	same as above
Dr. John F. Biernacki	Vice President	same as above
Dr. Joal D. Camelio	Secretary	same as above
Dr. John F. Biernacki	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common	not applicable	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common	not applicable	without par value

PAID

MAR 18 1988

SECY. OF STATE

Dated 2/5/88 1988

Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....1558..... Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....Attleboro-Cumberland Oral Surgeons,.....
.....Inc,.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....to own, operate and maintain a.....
.....business for the purpose of the practice of dentistry and oral surgery.....

FOURTH: If foreign corporation, address of its principal office.....
.....not applicable.....

FIFTH: Business address in Rhode Island.....
.....3611 Mendon Road, Cumberland, Rhode Island 02864.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. John F. Biernacki	Director	3611 Mendon Road Cumberland, RI
Dr. Joal D. Camelio	Director	103 Commonwealth Ave., Attleboro-Falls, MA
	Director	
Dr. John F. Biernacki	President	same as above
Dr. Joal D. Camelio	Vice President	same as above
Dr. Joal D. Camelio	Secretary	same as above
Dr. John F. Biernacki	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common	not applicable	without par value

EIGHTH: Number of Shares issued: MAY 29 1987

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common	SEC'Y. OF STATE not applicable	without par value

Dated..... 19 87..... Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

By.....
Title..... President.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1558 Annual Report for the year 1986

FIRST: The name of the corporation is Attleboro-Cumberland Oral Surgeons,
Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own, operate and maintain a
business for the purpose of the practice of dentistry and oral surgery.

FOURTH: If foreign corporation, address of its principal office.....
Not applicable

FIFTH: Business address in Rhode Island.....
1700 Cranston Street, Cranston, Rhode Island 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Dr. John F. Biernacki</u>	<u>Director</u>	<u>3611 Mendon Road, Cumberland, RI</u>
<u>Dr. Joal D. Camelio</u>	<u>Director</u>	<u>103 Commonwealth Ave., Attleboro-Falls, MA</u>
	<u>Director</u>	
<u>Dr. John F. Biernacki</u>	<u>President</u>	<u>Same as above</u>
<u>Dr. Joal D. Camelio</u>	<u>Vice President</u>	<u>Same as above</u>
<u>Dr. Joal D. Camelio</u>	<u>Secretary</u>	<u>Same as above</u>
<u>Dr. John F. Biernacki</u>	<u>Treasurer</u>	<u>Same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>common</u>	<u>not applicable</u>	<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2,000</u>	<u>common</u>	<u>not applicable</u>	<u>without par value</u>

PAID
APR 14 1986
SECY. OF STATE

Dated March 25, 1986 Attleboro-Cumberland Oral Surgeons, Inc.
(Name of Corporation)

JUL 29 1986
Handwritten signature

By John F. Biernacki
Title President

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

1558 ✓

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is

Attleboro-Cumberland Oral Surgeons, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own, operate and maintain a
business for the purpose of the practice of dentistry and oral surgery

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1700 Cranston Street, Cranston, Rhode Island 02920

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Dr. John F. Biernacki	Director	3611 Mendon Road, Cumberland, RI
Dr. Joal D. Camelio	Director	103 Commonwealth Ave., Attleboro-Falls, M
	Director	
Dr. John F. Biernacki	President	Same as above
Dr. Joal D. Camelio	Vice President	Same as above
Dr. Joal D. Camelio	Secretary	Same as above
Dr. John F. Biernacki	Treasurer	Same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common		no par value

Dated:

19 85

Attleboro-Cumberland Oral Surgeons, Inc.

(Name of Corporation)

By

Title

President

(Report must be signed by an officer)

FEB 17 1985
02/19/85 PAID
Lee

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040