

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

I. Corporate ID No. 96658	2. Name of Corp. DEEPAK S	oration ALUJA, D.M.D., INC				
3. Street Address Principal Bu		, , , , , , , , , , , , , , , , , , , ,	City	State	Zip	
66 KENNEDY PLAZA	•		PROVIDENCE	RI	02903	
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code	
4014543000 RHODE ISLA		AND		9233		
7. Brief Description of the Che TO RENDER PROFESSI	oracter of Business Co	nducted in Rhode Island ERVICES TO THE PU	JBLIC BY DULYLICENSED I	DENTISTS.		
8. NAMES AND ADDRE	SSES OF THE OF	FICERS C'X" BOX FOI	RATTACHMENT) FILL IN SP	AČES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
DEEPAK SALUJA, D	. M . D .		- DEEPAK SALUJA,	D.M.D		
Street Address			Street Address			
115 TRANSIT STREET	et		. 115 TRANSIT ST	REET		
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02906	. PROVIDENCE	RI	02906	
Secretary Name			Treasurer Name			
DEEPAK SALUJA, D	.M.D.		DEEPAK SALUJA D	.M.D.		
Street Address			* Street Address	* Street Address		
115 TRANSIT STREE	ET		.115 TRANSIT STR	.115 TRANSIT STREET		
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906	
9. NAMES AND ADDRE Director Name DEEPAK SALUJA, D		RECTORS CXT BOX F	ORATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Street Address			Sireet Address		- 	
115 TRANSIT STREE	ET		•			
City	State	Zip	*City	State	Zip	
PROVIDENCE	RI	02906	•) " *	
Director Name	. ,		Director Name			
Sireet Address		······································	Sireel Address	·		
Сііу	State	Zip	Clry	Stole	2ip	
10. SHARES AUTHORIZ	ZED C'X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	77 🛘	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue	
8,000 \$1.00 PAR VAL	JE		100	соммои	NO PAR	
This report must be sier	ed in ink by eith	er the President Vic	e President, Secretary, Assis	tont Secretary Treasu	rer. Receiver or	
			0 1 100140111, 000101417, 11001	,, 17040.	,	

96658 C	BC 01/22/05 09:24:28 AM
File Date	4-03-05
Check No.	4591
_	Qu.

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

2.17.05

Signature of Officer

DEEPAK SALUJA, D.M.D.

Print or Type Name of Officer

PRESIDENT

Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT COR Filing Period: January			PORT FOR THE	YEAR 2004		
(FORM MUST BE TYPED						
1. Corporate ID No.	2. Name of Corpo			······································		
96658 3. Street Address Principal i		DEEPAK SALUJA, D.M.D., INC.				
3. Street Address Principal 66 KENNEDY PLAZ	~		City PROVIDENCE	State RI	Zip	
4. Business Phone No.		5. State of Incorpora		I KT	02903 6. SIC Code	
4014543000		RHODE ISLA				
7. Brief Description of the C	Character of Rusiness Con	1			9233	
TO RENDER PROFES	SIONAL DENTAL SE	RVICES TO THE PU	BLIC BY DULYLICENSED	DENTISTS.		
8.NAMES AND ADDR	RESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING A	ITACHMENTS	
;Deepak Saluja,			. Vice President Name Deepak Saluja,			
Street Address			Street Address			
115 Transit Str	eet		SAME			
City	State	Zip	Cin	State	Zip	
Providence	RI	02906				
Secretary Name			Treasurer Name			
Deepak Saluja,	D.M.D.		Deepak Saluja,	D.M.D.		
Strees Address			Street Address			
SAME			, SAME			
City	State	Zip	City	State	Zip	
O V CARLE A MINA DATE	PECCE OF THE DID	DATE ON CONTROL OF THE OWNER.			4	
Director Name	CESSES ONLINE DIK	ECTORSICX BOX FO	Director Name	ZIÁČEŽ RELOKE OŽÍVO	VI.IVCHWEW12	
Deepak Saluja,	D.M.D.		•			
Street Address		· · · · · · · · · · · · · · · · · · ·	Sircei Address			
SAME			•			
City	State	Zip	•City	State	Zip	
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Director Name		• • • • • • • • • • •	Director Name		· • • • • · · · · · · · · · · · · · · ·	
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Sireet Address			·Sireet Address			
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City	State	Zip	City.	State	Zip	
10. SHARES AUTHOR	HZED ZOVE DZIV COD	verzezenen (ii)	(C) (CITY CITY OF CONTROL WITH	N'' BOX FOR ATTACHMEN	5 П .	
AUTHORIZED SHARES	GIVED IL X. BOX LOK	ATTACHMENTI	ISSUED SHARES	BUX FUR ALIACHMEN		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
						
8000 \$1.00 Par Valu	lê		100	common	no par	
			<u> </u>			
This report must be si	ened in ink by eithe	er the President. Vice	President, Secretary, Assi.	stant Secretary, Treas	urer, Receiver or Truste	
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18 18118 81111	6 21(8) 8h8) (8)					
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УО	0 3 8			rjury, I declare and affirm gany accompanying scheen		
				g any accompanying screen its contained herein are to		
96658 DBC 09/02/	03 04:06:24 PM					
File Date	08 .04	_	y sauge	A = AW	22.04	
1127	۱۸ '		Signature of Officer		Date	
Check No.	<u>/ </u>	_	Deepak Sal	luja, D.M.D.		
] [\mathcal{O}		Print or Type Name of		 	
B ₁ : V	<u>'</u> T	-	President			

3. Street Address Principal Business Office

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

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

96658	DEEPAK SALUJA, D.M.D., INC.	
1. Corporate ID No.	2. Name of Corporation	-
(FORM MUST BE TYPED OR P	RINTED IN BLACK)	
	ary 1-March 1 • Filing Fee: \$50.00	PITAM RE INSTRUCTIO
• •	RPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>	STO
• • •		//

City

66 Kennedy Pla:	za	5. State of Incorporation	Providence	RI	02903 6. SIC Code
(401) 454-3000 7. Brief Description of the Character of	f Business Canducted in Rho	RHODE ISLAND			9233
dental center : 8. NAMES AND ADDRESSI President Name	- providing ES OF THE OFFICER	dental care RS (*x* BOX FOR ATTACHM	(ENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTACHM	IENTS
Deepak Saluja, Street Address	D.M.D.		Deepak Salu Sireet Address	ja, D.M.D.	
115 Transit St	reet State	Zip	SAME	State	ZIp
Providence Secretary Name	RI	02906	Treasurer Name		······ · · · · · · · · · · · · · · · ·
Deepak Saluja, Street Address	D.M.D.		Deepak Salu	ja, D.M.D.	
SAME City	State	Zip	SAME · cuy	State	Zip
9. NAMES AND ADDRESS! Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPA Director Name	CES BEFORE USING ATTACE	IMENTS
Deepak Saluja, Street Address SAME	D.M.D.		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 AUTHORIZED SHARES	(*X* BOX FOR ATTACHS	MENT)	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			; 100	common	no par

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

Title of Officer

€ 5

	* 9 6 6 5 8 *
Elle Date:	1.30.03
Check No.:	3430
By:	COE STATE LISE CONT.

Under penalty of perj	ury, I declare and affirm	n that I have examined
		edules and statements, an
tha fall statements co	ntained hereit are true	and correct.
1 and	(M)	1.21.63
Signature of Officer		Date
Deepak Salu	ja, D.M.D.	
Print or Type Name of Office	cer	
Dracidant		

Form 630 12/02

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002

	ary 1-March 1 •		ORT FOR THE	YEAR	12
FORM MUST BE TYPED IN . Corporate ID No. 96658	2. Name of Corporation	.,, LUJA, D.M.D., INC.			`
	DY PLAZA		CHIPEOVIDENCE	State ZI	029
—	4 · 3000 nactor of Musiness Conducted in 8 L CENTER				6. SIC Code 92
NAMES AND ADD	· · · · · · · - · -	DERS (*x* box for attach	MENT) FILL IN SPACES BE	FORE USING ATTAC	HMENTS
raal Addrass	VNEDY PLA	•	Street Address		
	VA State PJ	21r 02903	City	State	Zip
eel Address	THE SAWS		Treasurer Name Street Address		
	E State PI		Chy	State	Zip
		CTORS (*x* BOX FOR ATTAC	CHMENT) FILL IN SPACES E Director Same	SEFORE USING ATTA	ACHMENTS
rei Adiliess F	NNEDY F	MZA	Street Address		
PROVIDEN	ICE STORE RJ	02903	City	State	Zip
ector Name	₹		Director Nume		
et Address			Street Address		
y	State	Zip	Chy	State	Zip
. SHARES AUTHOR DIORUZI) SHARIS	IZED (*x* box for aitac	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	?
inher of Shures 8,000 \$1.00 PAR VAL	Class/Serles LUE	Par Volue	Number of Shares	Class/Scries	Par Value

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



File Date: 1-23-62
· · · · · · · · · · · · · · · · · · · · · ·
Check No.: _ 3454
a
Ву:
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 increments contained herein are true and correct.

Dan		1.22.02
Signature of Officer	SAWSA	Date

Print or Type Name of Officer

Title of Officer **♦** 5

Ferm 630 12/01

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

STOP PITAL READ INSTRUCTIONS

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(FORM MUST HE TYPED IN BLAC					
1. Corporate ID No. 96658	2. Nume of Corporation DEEPAK SALL	JA, D.M.D., INC	2_		
3. Street Address Principal Business			CHEOVIDENCE	State ZI	^{ZIP} 07903
4. Business Phone No. 454		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Bitef Description of the Character DENTAL	of Rusiness Conducted in RI	providing de	was care 3/18/14	Den Purs de	val ctr.
8. NAMES AND ADDRESS				ORE USING ATTACHM	
President Name DEEPAK	SALUJA	D.MD.	Vice President Name		
Street Address 115 TRA	ANSIT STI	eeft	Street Address		
PROVIDENCE	State PJ	21p 62906	City	State	Zip
Secretary Name		·	Theasurer Name		
Street Address			Street Address		
Gity	State	ZIp	*City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRECT	_	CHMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH	MENTS
Street Address	SIT STREET		Street Address		
PROVIDENCE	- State PT	02906	City	State	Zip
Director Name	ي- د		Director Name	• • • •	••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI) (*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* 8	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR	VALUE		NONE		
			1		•

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

* 9, 6 ,6 5 8 *
2/3/2001
2851
USE ONLY

Print or Type Name of Officer
PRESIDENT

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) 2. Name of Corporation 1. Corporate ID No. DEEPAK SALUJA, D.M.D., INC. 3. Street Address Principal Business Office PLAZA GG KENNEDY 4. Business Phone No. 6. SIC Code 401 454 3000 9233 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island DENTAL 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS SALU JA Street Address 115 TRANSIT State ZIp Treasurer Name Street Address Street Address City State Zip City State 210 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address TRANSIT STREET State Z.1p Director Name Street Address Street Address City State 210 City State Zip 10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES 1 Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

NONE



8,000 \$1.00 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all systements contained hereto are true and correct. Signature of Affices Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined



Jumes 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 99

Filing Period: Janua	ry I-March 1 •	Filing Fee: \$50.00			1881
(FORM MUST BE TYPED IN E	BLACK)				
1. Corporate II) No.	2. Name of Corporation	on ·			
96658		SALUJA, D.M.D.,			
3. Street Address Principal Busin	••		City	State	Zip
66 Kennedy Pla 4. Business Phone No.	za	5. State of Incorporation	Providence	RI	02903 6. SIC Code
401-454-3000 7. Brief Description of the Chara	cter of Business Conducted in		HODE ISLAND		9233
Provision of p	rofessional der	ntal services			
8. NAMES AND ADDR President Name	ESSES OF THE OFFIC	CERS (*X* BOX FOR ATTACI	HMENT) Vice President Name		
Deepak Saluja, Street Address	D.M.D.		Street Address		
66 Kennedy Pla	za				
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02903	Treasurer Name		•••
Deepak Saluja, Street Address	D.M.D.		Deepak Sa Street Address	luja, D.M.D.	
66 Kennedy Pla	za		66 Kennedy	Plaza	
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
9. NAMES AND ADDR Director Name	ESSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	ACHMENT) Director Name		
Deepak Saluja,	D.M.D.		Street Address		
66 Kennedy Pla	7.3				
City	State	Zip	City	State	Zip
Providence	RI	02903	Director Name		
District Name			Diff. Ham.		
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED (*x* box for attac	CHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	common	\$1.00	100	Common	\$1.00

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 affir
	this report, including any accompanying sci
File Date: F11.2D	that all statements contained therein are tru Signature of Officer
APR 0 8 1999	Beepak Saluja,
By 7 22/1/54	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

FOR SECRETARY OF STATE USE ONLY

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

A01-277-3040

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

1. Corporate ID No.	2 31					
a managaran	2. Name of C	orporation		·	*	
a decree where we have a contract of	DEI	EPAK S	ALUJA, D.M.D.	, INC.		
3. Street Address Principal Business Offi	ice			City	State	Zip
66 Kennedy Plaza				Providence	RI	02903
4. Business Phone No.			5. State of Incorporation	π		6. SIC Code
401-454-3000			RHODE ISL	AND		9233
7. Bilef Description of the Character of	Business Cond	ucted in Rh	ode Island			
Provision of profes	ssional	denta	l services			
8. NAMES AND ADDRESSES				ACHMENT)		
President Name				Vice President Name		
Deepak Saluja, D.M. Street Address	.D.			Street Address		
66 Kennedy Plaza						
City	State		Zip	City	State	Zip
Providence		RI	02903			
Secretary Name		•	6.5.5	Treasurer Name	••	•
Deepak Saluja, D.M.	D.			Deepak Saluja,	D.M.D.	
Street Address				Street Address		
66 Kennedy Plaza				66 Kennedy Pl	laza	
City	State		Zip	City	State	Zip
Providence	5.511	RI	02903	Providence	RI	02903
9. NAMES AND ADDRESSES	COUTUE					
Director Name		DIRECT	OKS I'A' BOX FOR A.	Director Name		
Deepak Saluja, D.M.	. D.			Cross Address		
Street Address				Street Address		
66 Kennedy Plaza	. .		•		¢	21-
City	State		Zip	City	State	Zip
Providence	RI		02903			
Director Name				Director Name		
Course Addition				Street Address		
Street Address				Street Madress		
Сиу	State		Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X* BOX FO	R ATTACH	MENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	7)
AUTHORIZED SHARES				ISSUED SHARES		
Number of Shares	Class/Series		Par Value	Number of Shares	Class/Series	Par Value
	Сопто		\$1.00	100	Common	\$1.00

President

Deepak Saluja, D.M.D.

Print or Type Name of Officer