



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. 96658		2. Name of Corporation DEEPAK SALUJA, D.M.D., INC.			
3. Street Address Principal Business Office 66 KENNEDY PLAZA		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 4014543000		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL DENTAL SERVICES TO THE PUBLIC BY DULYLICENSED DENTISTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEEPAK SALUJA, D.M.D.		Vice President Name DEEPAK SALUJA, D.M.D.			
Street Address 115 TRANSIT STREET		Street Address 115 TRANSIT STREET			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name DEEPAK SALUJA, D.M.D.		Treasurer Name DEEPAK SALUJA D.M.D.			
Street Address 115 TRANSIT STREET		Street Address 115 TRANSIT STREET			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DEEPAK SALUJA, D.M.D.		Director Name			
Street Address 115 TRANSIT STREET		Street Address			
City PROVIDENCE	State RI	Zip 02906	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
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



9 6 6 5 8

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 2-17-05
DEEPAK SALUJA, D.M.D.
Print or Type Name of Officer
PRESIDENT
Title of Officer

96658 DBC 01/22/05 09:24:28 AM

File Date 2-23-05

Check No. 4591

By:

FOR SECRETARY OF STATE USE ONLY



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. 96658		2. Name of Corporation DEEPAK SALUJA, D.M.D., INC.			
3. Street Address Principal Business Office 66 KENNEDY PLAZA		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 4014543000		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL DENTAL SERVICES TO THE PUBLIC BY DULYLICENSED DENTISTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Deepak Saluja, D.M.D.			Vice President Name Deepak Saluja, D.M.D.		
Street Address 115 Transit Street			Street Address SAME		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Deepak Saluja, D.M.D.			Treasurer Name Deepak Saluja, D.M.D.		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Deepak Saluja, D.M.D.			Director Name		
Street Address SAME			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 (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000	\$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



9 6 6 5 8

96658 DBC 09/02/03 04:06:24 PM

File Date 1-28-04

Check No. 4300

By: TOP

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.

Deepak Saluja, D.M.D. 1-22-04
Signature of Officer Date
Deepak Saluja, D.M.D.
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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 OR PRINTED IN BLACK)

1. Corporate ID No. 96658 2. Name of Corporation DEEPAK SALUJA, D.M.D., INC.
3. Street Address Principal Business Office 66 Kennedy Plaza City Providence State RI Zip 02903
4. Business Phone No. (401) 454-3000 5. State of Incorporation RHODE ISLAND 6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island

dental center - providing dental care

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

President Name Deepak Saluja, D.M.D. Street Address 115 Transit Street City Providence State RI Zip 02906	Vice President Name Deepak Saluja, D.M.D. Street Address SAME City City State State Zip Zip
Secretary Name Deepak Saluja, D.M.D. Street Address SAME City City State State Zip Zip	Treasurer Name Deepak Saluja, D.M.D. Street Address SAME City City State State Zip Zip

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

Director Name Deepak Saluja, D.M.D. Street Address SAME City City State State Zip Zip	Director Name Street Address City City State State Zip Zip
Director Name Street Address City City State State Zip Zip	Director Name Street Address City City State State Zip Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE

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

ISSUED SHARES		
Number of Shares	Class/Series	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



* 9 6 6 5 8 *

File Date: 1-30-03
Check No.: 3930
By: UP

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: 1-21-03
Deepak Saluja, D.M.D.
Print or Type Name of Officer

President

Title of Officer
5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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. 96658 2. Name of Corporation DEEPAK SALUJA, D.M.D., INC.
3. Street Address Principal Business Office 66 KENNEDY PLAZA City PROVIDENCE State RI Zip 02903
4. Business Phone No. 401-454-3000 5. State of Incorporation RHODE ISLAND 6. SIC Code 9233

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

DENTAL CENTER

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

President Name DEEPAK SALUJA Vice President Name

Street Address 66 KENNEDY PLAZA Street Address

City PROVIDENCE State RI Zip 02903 City State Zip

Secretary Name DEEPAK SALUJA Treasurer Name

Street Address 66 KENNEDY PLAZA Street Address

City PROVIDENCE State RI Zip 02903 City State Zip

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

Director Name DEEPAK SALUJA Director Name

Street Address 66 KENNEDY PLAZA Street Address

City PROVIDENCE State RI Zip 02903 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
8,000 \$1.00 PAR VALUE 0

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 *

File Date: 1-23-02

Check No.: 3454

By: 2

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 documents contained herein are true and correct.

Deepak Saluja 1-22-02
Signature of Officer Date

DEEPAK SALUJA
Print or Type Name of Officer

PRESIDENT
Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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. 96658		2. Name of Corporation DEEPAK SALUJA, D.M.D., INC.			
3. Street Address Principal Business Office 66 KENNEDY PLAZA		City PROVIDENCE	State RI		
		Zip 02903			
4. Business Phone No. 401-454-3000	5. State of Incorporation RHODE ISLAND		6. SIC Code 9233		
7. Brief Description of the Character of Business Conducted in Rhode Island DENTAL CENTER - providing dental care D/B/A Dent Plus dental Ctr.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEEPAK SALUJA D.M.D.		Vice President Name			
Street Address 115 TRANSIT STREET		Street Address			
City PROVIDENCE State RI Zip 02906		City State Zip			
Secretary Name		Treasurer Name			
Street Address		Street Address			
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 DEEPAK SALUJA D.M.D.		Director Name			
Street Address 115 TRANSIT STREET		Street Address			
City PROVIDENCE State RI Zip 02906		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
8,000 \$1.00 PAR VALUE			NONE		

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 *

File Date: **2/5/2001**

Check No.: **2851**

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: **1-10-01**

Print or Type Name of Officer: **DEEPAK SALUJA D.M.D.**

Title of Officer: **PRESIDENT**

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. 2. Name of Corporation

96658

DEEPAK SALUJA, D.M.D., INC.

3. Street Address Principal Business Office

66 KENNEDY PLAZA

City

PROVIDENCE

State

RI

Zip

02903

4. Business Phone No.

401-454-3000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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**

President Name

DEEPAK SALUJA

Vice President Name

Street Address

115 TRANSIT STREET

Street Address

City

PROVIDENCE

State

RI

Zip

02906

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

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

DEEPAK SALUJA

Director Name

Street Address

115 TRANSIT STREET

Street Address

City

PROVIDENCE

State

RI

Zip

02906

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 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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 *

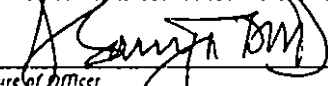
File Date: 2-24-00

Check No.: 2333

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.

 2.3.00
Signature of Officer Date

DEEPAK SALUJA

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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96658 2. Name of Corporation DEEPAK SALUJA, D.M.D., INC.
3. Street Address Principal Business Office 66 Kennedy Plaza City Providence State RI Zip 02903
4. Business Phone No. 401-454-3000 5. State of Incorporation RHODE ISLAND 6. SIC Code 9233

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

Provision of professional dental services

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

President Name			Vice President Name		
<u>Deepak Saluja, D.M.D.</u>					
Street Address			Street Address		
<u>66 Kennedy Plaza</u>					
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>			
Secretary Name			Treasurer Name		
<u>Deepak Saluja, D.M.D.</u>			<u>Deepak Saluja, D.M.D.</u>		
Street Address			Street Address		
<u>66 Kennedy Plaza</u>			<u>66 Kennedy Plaza</u>		
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>	<u>Providence</u>	<u>RI</u>	<u>02903</u>

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

Director Name			Director Name		
<u>Deepak Saluja, D.M.D.</u>					
Street Address			Street Address		
<u>66 Kennedy Plaza</u>					
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>common</u>	<u>\$1.00</u>

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

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>\$1.00</u>

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.: APR 08 1999

By: Deepak Saluja
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 Deepak Saluja Date 4/1/99

Print or Type Name of Officer Deepak Saluja, D.M.D.

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
401-277-3040



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.		2. Name of Corporation			
		DEEPAK SALUJA, D.M.D., INC.			
3. Street Address Principal Business Office		City	State	Zip	
66 Kennedy Plaza		Providence	RI	02903	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
401-454-3000	RHODE ISLAND		9233		
7. Brief Description of the Character of Business Conducted in Rhode Island					
Provision of professional dental services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)					
President Name		Vice President Name			
Deepak Saluja, D.M.D.					
Street Address		Street Address			
66 Kennedy Plaza					
City	State	Zip	City	State	Zip
Providence	RI	02903			
Secretary Name		Treasurer Name			
Deepak Saluja, D.M.D.		Deepak Saluja, D.M.D.			
Street Address		Street Address			
66 Kennedy Plaza		66 Kennedy Plaza			
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name		Director Name			
Deepak Saluja, D.M.D.					
Street Address		Street Address			
66 Kennedy Plaza					
City	State	Zip	City	State	Zip
Providence	RI	02903			
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	Number of Shares	Class/Series	Par Value
8,000	Common	\$1.00	100	Common	\$1.00
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
ISSUED SHARES					
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

File Date: FILED

Check No.: APR 08 1999

By: By [Signature] 22/654

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

Deepak Saluja, D.M.D.

Print or Type Name of Officer

President

Title of Officer