



**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 ID No.<br>140462  |              | 2. Name of Corporation<br>Robert S. Gilardetti, D.M.D., M.D., Inc. |   |              |           |
| 3. Street Address Principal Business Office<br>691 KINGSTOWN ROAD  |              | City<br>WAKEFIELD  | State<br>RI   | Zip<br>02879 |           |
| 4. Business Phone No.<br>401-789-9758  |              | 5. State of Incorporation<br>RHODE ISLAND                          |   | 6. SIC Code  |           |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN THE PRACTICE OF THE DENTAL AND MEDICAL SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY |              |  |   |              |           |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |              |           |
| President Name<br>ROBERT S GILARDETTI  |              |  | Vice President Name<br>SAME AS PRESIDENT                            |              |           |
| Street Address<br>18 Imperial Ave Apt 6A/6B  |              |  | Street Address  |              |           |
| City<br>PROVIDENCE   | State<br>RI  | Zip<br>02903   | City  | State        | Zip       |
| Secretary Name<br>SAME AS PRESIDENT  |              |  | Treasurer Name<br>SAME AS PRESIDENT                                 |              |           |
| Street Address   |              |  | Street Address  |              |           |
| City   | State        | Zip  | City  | State        | Zip       |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |   |              |           |
| Director Name<br>NONE  |              |  | Director Name<br>NONE   |              |           |
| Street Address   |              |  | Street Address  |              |           |
| City   | State        | Zip  | City  | State        | Zip       |
| Director Name<br>NONE  |              |  | Director Name<br>NONE   |              |           |
| 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 |
| 5,000 NO PAR VALUE   |              |  | NONE  | N/A          |           |

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



File Date 1-20-05  
Check No. 1174  
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 1/12/05  
Signature of Officer  
ROBERT S. GILARDETTI  
Print or Type Name of Officer  
President  
Title of Officer