

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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	2. Name of Corpor				
89162	ROBERT A.	CONTE, DMD, INC.			
Street Address Principal Busi 3274 West S	~		City Warwick	State RI	21p 02886
Business Phone No	· · · · · · · · · · · · · · · · · · ·	5. State of Incorporatio			
739-1399		RHODE ISLAN	D		9233
. Brief Description of the Chan TO ENGAGE IN TH	TICKET OF BUSINESS CONDUCTOR IE PRACTICE OF DEN	d in Rhode Island ITISTRY.	·		
	SSES OF THE OFFIC	ERS: ("X" BOX FOR AT		N SPACES BEFORE USING	ATTACHMENTS
resident Name			Vice President Name		
Robert A.	<u>Conte</u>		Robert A. Co	onte	
rect Address			Street Address		
110 Cedar	<u> Hollow Road</u>		samé	<u></u>	
Tiy.	State	Zip	City	State	Zip
Wakefield	RI	02879			
Cretary Name			Treasurer Name		
Robert A. Conte			Robert A. C	onte	
Street Address			Street Address		
same			same		
iny Same	State	Zip	Gily	State	7.(p
*		, , , , , , , , , , , , , , , , , , ,	,	S	\ \frac{1}{2}
NAMES AND ADDRES	I SSES OF THE DIREC	TORS: <i>("X" BOX FOR A</i>		I IN SPACES BEFORE USING	
irector Name	or incornec	TONO. (A DOAFOR)	Director Name	AT STREET DELORE USING	, as anomined
			Sarcon Mint		
Robert A.	Conte	•	: Cross Add		
ACCA MODIFIED		•	Street Address		
same		· · · · · · · · · · · · · · · · · · ·		·	
lity -	State	Zip	City	State	Zip
		 	••••••		.
Director Name			Director Name		
ircet Address			Street Address		
Zity [,]	State	Zip	City	State	Zip
					-
0. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT) 🔲	11. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)
UTHORIZED SHARES			ISSUED SHARES		
iumber of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100	common	none
	-		 		+
					
This report must	t be signed in ink by	either the President; Vic	c President, Secretary, Assis	stant Secretary, Treasurer, R	ecciver or Trustee
	-	I	-		ı
[]					
11				perjury, I declare and affirm tha	
11					
· · · · · · · · · · · · · · · · · · ·	*89 1	162°		ompanying schedules and states	nents, and that all st
·	~// -	162		ompanying schedules and states are true and correct.	nents, and that all st
File Date	8/05	162			nents, and that all sta

Robert A. Conte

President

Title of Officer



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

Corporations Division 100 North Main Street Providence, RI 02903-1335

FORM MUST BE TYPED OR PRI	farch 1 + F	ning ree: 350.00		•			
1. Corporate ID No.			 	<u> </u>			
·	2. Name of Corpore						
89162 Street Address Principal Business		CONTE, DMD, INC.		State	Zip		
•	_		City	1	1 '		
3274 West Shot Business Phone No.	те коап	5. State of Incorporation	<u>Warwick</u>	I RI	02886 6. SIC Code		
739-1399					9233		
7. Brief Description of the Character TO ENGAGE IN THE PR	of Business Conducted		<u> </u>	·	1 9233 .		
NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR A	TACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
Robert A. Con	te		Robert A.	Conte			
Street Address	-		Street Address				
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	exox xe 110 C	edar Hollow F	Road same				
City	State	2.φ	Cliy	State	Zφ		
Wakefield	RI	02879					
ecretary Name			Treasurer Name	: Treasurer Name			
Robert A. Cont	e		Robert A.	Robert A. Conte			
treet Address			Street Address				
same			same				
same			same				
Cuy	State	Zip	City	State	Zip		
NAMES AND ADDRESSES Director Name Robert A. Conte	S OF THE DIRECT	'	City ATTACHMENT) FILL 1	State N SPACES BEFORE USIN			
O. NAMES AND ADDRESSES Director Name Robert A. Conto	S OF THE DIRECT	'	City ATTACHMENT) FILL I				
O. NAMES AND ADDRESSES Director Name Robert A. Conto Street Address Same	s of the direct	TORS: ("X" BOX FOR	City ATTACHMENT) FILL I Director Name Street Address	N SPACES BEFORE USIN	NG ATTACHMENTS		
O. NAMES AND ADDRESSES Director Name Robert A. Conto	S OF THE DIRECT	'	City ATTACHMENT) FILL 1				
O. NAMES AND ADDRESSES Director Name Robert A. Conto Street Address Same City	s of the direct	TORS: ("X" BOX FOR	City ATTACHMENT) FILL I Director Name Street Address	N SPACES BEFORE USIN	NG ATTACHMENTS		
O. NAMES AND ADDRESSES Director Name Robert A. Conto Street Address Same	s of the direct	TORS: ("X" BOX FOR	City ATTACHMENT) FILL I Director Name Street Address City	N SPACES BEFORE USIN	NG ATTACHMENTS		
O. NAMES AND ADDRESSES Director Name Robert A. Conto Street Address Same City Director Name Street Address	s of the direct	TORS: ("X" BOX FOR	City ATTACHMENT) FILL I Director Name Street Address City Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS		
City Director Name Robert A. Conto Street Address Same City Director Name Street Address City 10. SHARES AUTHORIZED	e State	TORS: ("X" BOX FOR	City ATTACHMENT) FILL I Director Name Street Address City Director Name Street Address City	N SPACES BEFORE USIN	Zip		
O. NAMES AND ADDRESSES Director Name Robert A. Conto Street Address Same City Director Name	State State	TORS: ("X" BOX FOR	City ATTACHMENT) FILL I Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED	N SPACES BEFORE USIN	Zip		

File Date 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 stateme	ents, and that all statement
contained herein are true and correct/	/ /
Liter St. of	2/24/04
Signature of Officer	Date
Robert A. Conte	01/05/04
Print or Type Name of Officer	

President

Title of Officer



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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *89162* ROBERT A. CONTE, DMD, INC. 3 Street Address Principal Business Office City State Zip 3274 WEST SHORE ROAD WARWICK RI 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017391399 RHODE ISLAND 9233 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF DENTISTRY. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES REFORE USING ATTACHMENTS President Name Vice President Name Robert A. Conte · Robert A. Conte Street Address Sircel Address 53 Andre Avenue - same City State Zip City State Zρ Wakefield RΙ 02879 Secretary Name Treasurer Name Robert A. Conte Robert A. Conte Street Address Street Address same .same City City Zip State State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Nume Director Name Robert A. Conte Sireei Address · Street Address same City State Zip ·City State Zip Director Name Director Name Street Address Street Address City State .Ciry Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 600 NO PAR VALUE 100 common none 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. **89162* 2/13/032:41:08 PM* File Date Date Signature of Officer Check No. 1/6/2003 Robert A. Conte Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

89162

ROBERT A. CONTE, DMD, INC.

3. Street Address Principal Business Office

3274 West Shore Road

Warwick

City

State

Zip

4. Business Phone No.

S. State of Incorporation

RI

02886

6. SIC Code

739-1399

RHODE ISLAND

9233

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

Dental Practice

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

Robert A. Conte

Vice President Name

Robert A. Conte

Street Address

53 Andre Avenue

Robert A. Conte

State

same City

State

ZID

Wakefield

RI

02879

Treasurer Name

Street Address

Robert A. Conte

Street Address

Clly

same

State

ZIP

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

Director Name

Secretary Name

Street Address

City

same

Robert A. Conte

Director Name

Street Address

Director Name

Street Address

same

City

Zip

ZID

Zip

City

State

Zip

Director Name

Street Address

Street Address

City

State

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

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

Class/Series

Par Value

600 NO PAR VALUE

Number of Shares 100

common

none

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



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 ontained Herein are true and correct.

Signature of Office

Robert A. Conte Print or Type Name of Officer

President

Title of Officer **€** 5

Form 630 12/01

1/7/2002

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.

2 Name of Corporation

89162

ROBERT A. CONTE, DMD, INC.

3. Street Address Principal Business Office	City		State	Zip
3274 West Shore Road	W	arwick	RI	02886
4. Business Phone No.	5. State of Incorporation			6 SIC Code
401-739-1399	RHODE ISLAND			9233

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

Dental Practice

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHM	(ENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice President Name

Robert A. Conte Robert A. Conte Street Address 53 Andre Avenue 53 Andre Avenue

State State

Wakefield 02879 RΙ Wakefield RΙ Secretary Name Treasurer Name

Robert A. Conte Robert A. Conte Street Address Street Address

same as above same as above

City State 7.10 State 7.10

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

Director Name

Robert A. Conte Street Address Street Address

same as above

State Zio City State Z_{1p}

Director Name Director Name

Street Address Street Address

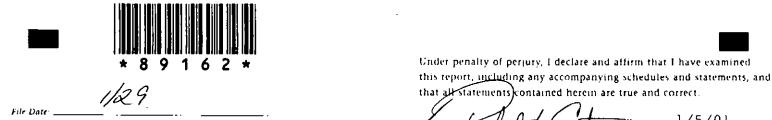
State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES INSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE 100 common none

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



Signature of Officer Robert A. Conte

Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

Form 630 12/00

02879



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

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

(FORM	MUST	ΒE	TYPED	IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

89162	ROBERT A.	CONTE, DMD, INC.			
3. Street Address Principal Business (•	City	State	Zip
3274 West Shore 4. Business Phone No.	Road	5. State of Incorporation	Warwick	RI	02886 6. SIC Code
401 739-1399 7. Bilef Description of the Character	of Business Conducted	RHODE ISLAND in Rhode Island			9233
dental practice 8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFO	ORE USING ATTAC	: CHMENTS
Robert A. Conte			Robert A. Conte		
$\frac{53}{cay}$ Andre Avenue	State	Zıp	53 Andre Avenue	State	Zip
Wakefield Secretary Name	ŖĮ	02879	Wakefield Treasurer Name	RI	02879
Robert A. Conte			Robert A. Conte		
same City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	EFORE USING ATT	ACHMENTS
Robert A. Conte Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ztp	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZES SHARES	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VA	NLUE		100		

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

100

	* 8 9 1 6 2 *
File Date:	3/21/00
Check No.:	3552
Ву:	Q1
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.

common

no par

Signature of Officer Date

Robert A. Conte

Print or Type Name of Officer

President
Title of Officer



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

STOP PIJAM, READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

remaining 1	- march i · im	ing 1 cc. \$30.00			IASTRIA
(FORM MUST BE TYPED IN BLACK 1. Corporate ID No.	2. Name of Corporation				
89162	ROBERT A.	CONTE, DMD,	INC.		
3. Street Address Principal Business Off	fice		City	State	Zip
3274 West Shore 4. Business Phone No.	Road	5. State of Incorporation	Warwick	RI	02886 6. SIC Code
401 739-1399 7. Brief Description of the Character of	Business Conducted in Rhod	Rhode Islan	nd		9233
dental practice 8. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S ("X" BOX FOR ATTACHM	(ENT) Vice President Name		
Robert A. Conte		ı	Robert A. Conte	2	
53 Andre Avenue	State	Zip'	53 Andre Avenue	State	Zip
Wakefield Secretary Name	RI	02879.	Wakefield Treasurer Name	RI	02879
Robert A. Conte			Robert A. Conte	9	
same City	State	Zip	same _{City}	State	Zip
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Robert A. Conte		,	Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHE	(ENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 shares no p	ar 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

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
т п п 90	that all statements contained herein are true and correct.
File Date:	Let A 7-19-99
Check No.:920	Signature of Officer Date
1 0 10	Robert A. Conte
By: ATNI	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	Title of Officer



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

Filing Period: Janua		Filing Fee: \$50.00			PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN B					
1. Corporate ID No. 89162	² NÖBÉRT A	CONTE, DMD, INC.			
3. Street Address Principal Busine	ess Office		City	State	Zip
3274 West Sh	ore Road		Warwick	RI	02886
4. Business Phane No.	•	S RHODE ISLAND			6. ŠIC Code 9233
401-739-1399					9233
7. Brief Description of the Charac		In Rhode Island	• •		
Dental Pract					
	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT)		
President Name			Vice President Name	. .	
Robert A. Co	nte		Robert A	. Conte	
Street Address 53 Andre Ave			Street Address Donaton		
City Alighe Ave		71.	53 Andre		
Wakefield	State RI	zip 02879	cuy Wakefield	State RI	21p 02879
Secretary Name	KI	02013	Treasurer Name	KI.	02073
Robert A. Co	nte		Robert A	Conte	
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Street Address	. Conce	
same			same		
City	State	Zip	City	State	Zip
O MANAGE AND ADDRESS					
9. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC			
Robert A. Co	nte		Director Name		
Street Address			Street Address	•	
53 Andre Ave	enue		Junter Macress		
City	State	Ζίρ	City	State	Zip
Wakefield	RI	02879	,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2.17
Director Name			Director Name	• •	
				•	
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUEZO SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS 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:	1-8-98	
Check No.:	6403	
Ву:	AMF	
FOR SECRETARY OF STATE USE ONLY		

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

1/5/98

Date

Robert A. Conte

Print or Type Name of Officer

President

Title of Officer

Signature of Officer



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

1/2/97

Date

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. 89162 A. CONTE, DMD, INC. City 3. Street Address Principal Business Office State Zip 3274 West Shore Road 02886 Warwick RI 4. Business Phone No. 6. SIC Code tate of Incorporation
RHODE ISLAND <u>401-739-1399</u> 9233 7. Brief Description of the Character of Business Conducted in Rhode Island <u>Dental Practice</u> 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Robert A. Conte Robert A. Conte Street Address Street Address 53 Andre Avenue <u>53_Andre_Avenue</u> Wakefield ! RI 02879 Wakefield RI 02879 Secretary Name Robert A. Conte Robert A. Conte Street Address Street Address same as above <u>same as above</u> State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Robert A. Conte Street Address Street Address 53 Andre Avenue State Wakefield RI 02879 Director Name Director Name Street Address Street Address State City Zip City State 210 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUTED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series 600 SHS NO PAR VALUE common no par value 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 orgin are true and correct.

> Robert A C <u>President</u> Title of Officer

<u>Conte</u>

Signature of Officer

FOR SECRETARY OF STATE USE ONLY