



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. 15076
 2. Name of Corporation ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.
 3. Street Address Principal Business Office 266 WAYLAND AVENUE
 City PROVIDENCE State RI Zip 02906
 4. Business Phone No. 4017518046
 5. State of Incorporation RHODE ISLAND
 6. SIC Code 9217
 7. Brief Description of the Character of Business Conducted in Rhode Island
 MEDICAL SERVICES

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

President Name ERNEST P. VOTOLATO, D.M.D. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Vice President Name FRANK A. PAZIENZA, D.D.S. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906
Secretary Name FRANK A. PAZIENZA, D.D.S. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Treasurer Name ERNEST P. VOTOLATO, D.M.D. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906

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

Director Name ERNEST P. VOTOLATO, D.M.D. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Director Name FRANK A. PAZIENZA, D.D.S. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
600	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 0 7 6

15076 DBC 02/24/05 09:34:45 AM
 File Date 2/3/05
 Check No. 5312
 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.

Ernest P. Votolato, D.M.D. 2-28-05
 Signature of Officer Date
 ERNEST P. VOTOLATO, D.M.D.
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer



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. 15076		2. Name of Corporation ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.			
3. Street Address Principal Business Office 266 WAYLAND AVENUE			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 4017518046		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ERNEST P. VOTOLATO, D.M.D.			Vice President Name FRANK A. PAZIENZA, D.D.S.		
Street Address 266 WAYLAND AVENUE			Street Address 266 WAYLAND AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name FRANK A. PAZIENZA, D.D.S.			Treasurer Name ERNEST P. VOTOLATO, D.M.D.		
Street Address 266 WAYLAND AVENUE			Street Address 266 WAYLAND AVENUE		
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 ERNEST P. VOTOLATO, D.M.D.			Director Name FRANK A. PAZIENZA, D.D.S.		
Street Address 266 WAYLAND AVENUE			Street Address 266 WAYLAND AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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	
600 COMM NO PAR VALUE				600 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 0 7 6

15076 DBC 01/14/04 09:34:45 AM

File Date 2-26-04

Check No. 4828

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.

Ernest P. Votolato, DMD 2.23.04

Signature of Officer Date

ERNEST P. VOTOLATO, D.M.D.

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 IN BLACK)

1. Corporate ID No. *15076* 2. Name of Corporation ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.
3. Street Address Principal Business Office 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906
4. Business Phone No. 4017518046 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL SERVICES

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

President Name ERNEST P. VOTOLATO, D.M.D. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Vice President Name FRANK A. PAZIENZA, D.D.S. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906
Secretary Name FRANK A. PAZIENZA, D.D.S. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Treasurer Name ERNEST P. VOTOLATO, D.M.D. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906

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

Director Name ERNEST P. VOTOLATO, D.M.D. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Director Name FRANK A. PAZIENZA, D.D.S. Street Address 266 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906
---	--

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
600	COMM NO PAR VALUE		600	COMMON	NO PAR

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



**15076* 2/24/03 9:08:28 AM*
File Date 2-27-03
Check No. 04382
By: km
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.
Ernest P. Votolato, D.M.D. 2-25-03
Signature of Officer Date
ERNEST P. VOTOLATO, D.M.D.
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **15076** 2. Name of Corporation **ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.**
 3. Street Address Principal Business Office **266 Wayland Avneuc** City **Providence** State **RI** Zip **02906**
 4. Business Phone No. **(401) 751-8046** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Medical services

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

President Name Ernest P. Votolato, D.M.D.	Vice President Name Frank A. PaziENZA, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906
Secretary Name Frank A. PaziENZA, D.D.S.	Treasurer Name Ernest P. Votolato, D.M.D.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avneuc
City State Zip Providence RI 02906	City State Zip Providence RI 02906

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Director Name Ernest P. Votolato, D.M.D.	Director Name Frank A. PaziENZA, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906
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
600 COMM NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
600 Common No Par Value

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



* 1 5 0 7 6 *

FILED

File Date: _____

Check No.: **JAN 31 2002**

By: **0203849**

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.

Ernest P. Votolato, D.M.D. 1-29-02
 Signature of Officer Date

Ernest P. Votolato, D.M.D.
 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. **15076** 2. Name of Corporation **ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.**

3. Street Address Principal Business Office
266 Wayland Avenue City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 751-8046** 5. State of Incorporation **RHODE ISLAND** 6. **9217**

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

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

President Name Ernest P. Votolato, D.M.D.	Vice President Name Frank A. PaziENZA, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Secretary Name Frank A. PaziENZA, D.D.S.	Treasurer Name Ernest P. Votolato, D.M.D.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906

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Director Name Ernest P. Votolato, D.M.D.	Director Name Frank A. PaziENZA, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR COM

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 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 0 7 6 *

FILED

File Date: _____

FEB 14 2001

Check No.: _____

By ORVOTOLATO

Rv: _____

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.

Ernest P. Votolato, DMD 2-12-01
Signature of Officer Date

Ernest P. Votolato, D.M.D.
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. **15076** 2. Name of Corporation **ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.**

3. Street Address Principal Business Office **266 Wayland Avenue** City **Providence** State **RI** Zip **02906**

4. Business Phone No. **(401) 751-8046** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Ernest P. Votolato, D.M.D.	Vice President Name Frank A. PaziENZA, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Secretary Name Frank A. PaziENZA, D.D.S.	Treasurer Name Ernest P. Votolato, D.M.D.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906

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

Director Name Ernest P. Votolato, D.M.D.	Director Name Frank A. PaziENZA, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS NO PAR COM		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	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 0 7 6 *

File Date 2/1/00

Check No. 2908

By cc

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.

Ernest P. Votolato, D.M.D. 1-27-00

Signature of Officer Date

Ernest P. Votolato, D.M.D.

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 **15076** 2. Name of Corporation **ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.**
3. Street Address Principal Business Office
266 Wayland Avenue City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401-751-8046** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
medical services

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

President Name Ernest P. Votolato, D.M.D.	Vice President Name Frank A. Paziienza, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Ave.
City State Zip Providence RI 02906	City State Zip Providence RI 02906
Secretary Name Frank A. Paziienza, D.D.S.	Treasurer Name Ernest P. Votolato, D.M.D.
Street Address 266 Wayland Ave.	Street Address 266 Wayland Avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906

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

Director Name Ernest P. Votolato, D.M.D.	Director Name Frank A. Paziienza, D.D.S.
Street Address 266 Wayland Avenue	Street Address 266 Wayland Avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 SHS NO PAR COM		

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

ISSUED SHARES	Class/Series	Par Value
600	common	no par

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



File Date: May 12, 99
Check No.: 2433
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 of Officer: Ernest P. Votolato, DMD Date: 3-9-99

Print or Type Name of Officer: Ernest P. Votolato, D.M.D.

Title of Officer: President



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 **15078** 2. Name of Corporation **ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.**
3. Street Address Principal Business Office **266 Wayland Avenue** City **Providence** State **RI** Zip **02906**
4. Business Phone No **401-751-8046** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island **medical services**

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

President Name Ernest P. Votolato, D.M.D. Street Address 266 Wayland Avenue City Providence State RI Zip 02906	Vice President Name Frank A. PaziENZA, D.D.S. Street Address 266 Wayland Avenue City Providence State RI Zip 02906
Secretary Name Frank A. PaziENZA, D.D.S. Street Address 266 Wayland Avenue City Providence State RI Zip 02906	Treasurer Name Ernest P. Votolato, D.M.D. Street Address 266 Wayland Avenue City Providence State RI Zip 02906

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

Director Name Ernest P. Votolato, D.M.D. Street Address 266 Wayland Avenue City Providence State RI Zip 02906	Director Name Frank A. PaziENZA, D.D.S. Street Address 266 Wayland Avenue City Providence State RI Zip 02906
--	---

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

600 SHS NO PAR COM

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

ISSUED SHARES
Number of Shares Class/Series Par Value

600 common no par

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



File Date: 2/25/98
Check No.: 01824

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: Ernest P. Votolato DMD Date: 1-30-98

Print or Type Name of Officer: Ernest P. Votolato, D.M.D.

Title of Officer: President



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 **15076** 2. Name of Corporation **ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.**

3. Street Address Principal Business Office City State Zip
159 Lloyd Avenue **Providence** **RI** **02906**

4. Business Phone No. **401-751-8046** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Ernest P. Votolato, D.M.D.	Vice President Name Frank A. Paziienza, D.D.S.
Street Address 159 Lloyd Avenue	Street Address 159 Lloyd avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906
Secretary Name Frank A. Paziienza, D.D.S.	Treasurer Name Ernest P. Votolato, D.M.D.
Street Address 159 Lloyd Avenue	Street Address 159 Lloyd Avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906

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

Director Name Ernest P. Votolato, D.M.D.	Director Name Frank A. Paziienza, D.D.S.
Street Address 159 Lloyd Ave.	Street Address 159 Lloyd Ave.
City State Zip Providence RI 02906	City State Zip Providence RI 02906
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
600 SHS NO PAR COM			600	common	No par

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

File Date: 4/3/97
 Check No.: 1250
 By: [Signature]



* 1 5 0 7 6 *

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.

Ernest P. Votolato DMD 1-30-97
 Signature of Officer Date

Ernest P. Votolato, D.M.D.
 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. 15076		2. NAME OF CORPORATION ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA,		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 159 Lloyd Avenue		CITY Providence	STATE RI	ZIP CODE 02906
4. BUSINESS PHONE NO. 401-751-8046	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9217	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND medical services				

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Ernest P. Votolato, D.M.D.			VICE PRESIDENT NAME Frank A. PaziENZA, D.D.S.		
STREET ADDRESS 159 Lloyd Avenue			STREET ADDRESS 159 Lloyd Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
SECRETARY NAME Frank A. PaziENZA, D.D.S.			TREASURER NAME Ernest P. Votolato, D.M.D.		
STREET ADDRESS 159 Lloyd Avenue			STREET ADDRESS 159 Lloyd Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Ernest P. Votolato, D.M.D.			DIRECTOR NAME Frank A. PaziENZA, D.D.S.		
STREET ADDRESS 159 Lloyd Avenue			STREET ADDRESS 159 Lloyd Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
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
600 SHS	NO PAR COM		600	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 that all statements contained herein are true and correct.

E.P. Votolato DMD

Signature of Officer

Ernest P. Votolato, D.M.D.

Print or Type Name of Officer

President

Title of Officer

2-5-96

Date

File Date:

2/13/96

Check No:

2767

By:

[Signature]

For Secretary of State Use Only

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

ANNUAL REPORT
 Please Type or Print
 File Annually - Jan.1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary
 of State

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

Corporate ID: 0015076

Annual Report for the year: 1995

Name of Corporation: ERNEST P. VOTOLATO, D.M.D. AND
 FRANK A. PAZIENZA, D.D.S., INC.
 Business entity organized under the laws of the State of RI
 For foreign entity, address and telephone
 number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island.
 medical services

Phone:
 Address and telephone number of business entity
 in Rhode Island (Provide street address - Not P.O.Box):
 159 Lloyd Avenue
 Providence, RI 02906
 Phone: (401) 751-8046

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP
PRESIDENT Ernest P. Votolato, D.M.D.	159 Lloyd Avenue	Providence, RI	02906
VICE PRESIDENT Frank A. Paziienza, D.D.S.	159 Lloyd Avenue	Providence, RI	02906
SECRETARY Frank A. Paziienza, D.D.S.	159 Lloyd Avenue	Providence, RI	02906
TREASURER Ernest P. Votolato, D.M.D.	159 Lloyd Avenue	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP
Ernest P. Votolato, D.M.D.	same as above		
Frank A. Paziienza, D.D.S.	same as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
600	Common	600	Common

100730
1686

ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.

Date: January 24, 1995

By: E. P. Votolato DMD
 Ernest P. Votolato, D.M.D.
 PRINT OR TYPE NAME OF OFFICER SIGNING
 President
 TITLE OF OFFICER SIGNING

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.
 E. Colby Cameron, Esq.
 56 Exchange Terrace
 Providence, RI 02903

Filing Fee \$50.00

File Annually

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of Secretary of State
100 North Main Street
Providence, RI 02903-1335
401-277-3040

Corporate ID 0215076 Annual Report for year 1994
Name of Business Entity: ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC

Business entity organized under the laws of the State of Rhode Island

Business Entity is (check one):
 Business Corporation
 Professional Service Corporation
 Limited Liability Company

Fed. Taxpayer Identification No. [REDACTED]

Name, title and mailing address of contact person to whom communications may be directed:

For foreign entity, address and telephone number of principal office:

N/A

Ernest P. Votolato, D.M.D., President
159 Lloyd Avenue
Providence, RI 02906

Phone ()

Address and telephone of the principal office of business entity in RI (Provide street address - Not P.O. Box)

Brief statement of the character of business conducted in RI:

159 Lloyd Avenue
Providence, RI 02906

medical services

Phone: (401) 751-8046

Date of Organization: 12/1/74

Date of Qualification to do business in RI (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE

	Street Address	City/State	Zip
<input type="checkbox"/> Chief Exec Officer or <input checked="" type="checkbox"/> President	<u>Ernest P. Votolato, D.M.D.</u>	<u>159 Lloyd Avenue</u>	<u>Providence, RI 02906</u>
<input type="checkbox"/> Chief Operating Officer or <input checked="" type="checkbox"/> Vice President	<u>Frank A. Pazienza, D.D.S.</u>	<u>159 Lloyd Avenue</u>	<u>Providence, RI 02906</u>
<input type="checkbox"/> Custodian of Records or <input checked="" type="checkbox"/> Secretary	<u>Frank A. Pazienza, D.D.S.</u>	<u>159 Lloyd Avenue</u>	<u>Providence, RI 02906</u>
<input type="checkbox"/> Chief Financial Officer or <input checked="" type="checkbox"/> Treasurer	<u>Ernest P. Votolato, D.M.D.</u>	<u>159 Lloyd Avenue</u>	<u>Providence, RI 02906</u>

THE NAMES OF THE DIRECTORS ARE

Name	Street Address	City/State	Zip
<u>Ernest P. Votolato, D.M.D.</u>	<u>159 Lloyd Avenue</u>	<u>Providence, RI</u>	<u>02906</u>
<u>Frank A. Pazienza, D.D.S.</u>	<u>159 Lloyd Avenue</u>	<u>Providence, RI</u>	<u>02906</u>

NO. OF SHARES AUTHORIZED (if applicable)

NO. OF SHARES ISSUED AND OUTSTANDING (if applicable)

NUMBER 600

FEB 04 1994

NUMBER 600

CLASS Common

CLASS Common

SERIES

SECY OF STATE

PAR VALUE OR WITHOUT PAR No par

PAR VALUE OR WITHOUT PAR No par

Date January, 19 94

BY: Ernest P. Votolato, D.M.D.

Ernest P. Votolato, D.M.D.
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

PLEASE NOTE: If the Corporation has changed its registered officer and/or registered or resident agent, Form 5 or Form LLC3 must be filed.

E. Colby Cameron, Esq.
56 Exchange Terrace
Providence, RI 02903

Filing Fee \$50.00

213

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0015076 Annual Report for the year 1993

FIRST: The name of the corporation is ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 56 Exchange Terrace Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
Ernest P. Votolato, DMD	Director	159 Lloyd Ave., Prov., RI 02906
Frank A. Pazienza, DDS	Director	159 Lloyd Ave., Prov., RI 02906
	Director	
Ernest P. Votolato, DMD	President	same as above
Frank A. Pazienza, DDS	Vice President	same as above
Frank A. Pazienza, DDS	Secretary	same as above
Ernest P. Votolato, DMD	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
600	Common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
600	Common		no par

Dated February 1, 1993 ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.

By [Signature] Title: President

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0015076 Annual Report for the year 1992

FIRST: The name of the corporation is ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 56 Exchange Terrace Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
<u>Ernest P. Votolato, DMD</u>	<u>Director</u>	<u>159 Lloyd Ave., Prov., RI 02906</u>
<u>Frank A. Pazienza, DDS</u>	<u>Director</u>	<u>159 Lloyd Ave., Prov., RI 02906</u>
	<u>Director</u>	
<u>Ernest P. Votolato DMD</u>	<u>President</u>	<u>same as above</u>
<u>Frank A. Pazienza, DDS</u>	<u>Vice President</u>	<u>same as above</u>
<u>Frank A. Pazienza, DDS</u>	<u>Secretary</u>	<u>same as above</u>
<u>Ernest P. Votolato DMD</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
<u>600</u>	<u>Common</u>		<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
<u>600</u>	<u>Common</u>		<u>no par</u>

Dated March 16 1992 ERNEST P. VOTOLATO, D.M.D. AND FRANK A. PAZIENZA, D.D.S., INC.

By Ernest P. Votolato DMD
Title: President

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 0015076 Annual Report for the year 1991

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical Services

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 159 Lloyd Avenue,
Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
Edwin L. Votolato	Director	685 Angell Road, Lincoln, R.I.
	Director	
	Director	
Edwin L. Votolato	President	685 Angell Road, Lincoln, R.I.
Ernest P. Votolato	Vice President	Pole 102, Log Road, Smithfield, R.I.
Edwin L. Votolato	Secretary	685 Angell Road, Lincoln, R.I.
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	PAID	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common	PAID	No Par

Dated January 31, 1991

Edwin L. Votolato, D.M.D., Inc.

(Name of Corporation)

Rec'd & Filed FEB 04 1991

By Edwin L. Votolato

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 0015076 Annual Report for the year 1990

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 159 Lloyd Avenue, Providence,
Rhode Island 02906

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

Name	Office	Address (including number, street, zip code)
<u>Edwin L. Votolato</u>	<u>Director</u>	<u>685 Angell Road, Lincoln, R.I. 02805</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Edwin L. Votolato</u>	<u>President</u>	<u>685 Angell Road, Lincoln, R.I. 02805</u>
<u>Ernest P. Votolato</u>	<u>Vice President</u>	<u>Pole 102, Log Road. Smithfield, R.I. 0291</u>
<u>Edwin L. Votolato</u>	<u>Secretary</u>	<u>685 Angell Road, Lincoln, R. I. 02895</u>
<u>Edwin L. Votolato</u>	<u>Treasurer</u>	<u>685 Angell Road, Lincoln, R. I. 02805</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>No Par Value</u>

Rec'd & Filed JUL 23 1990

Dated July 21 19 90

Edwin L. Votolato, D.M.D., Inc.
(Name of Corporation)

By Edwin L. Votolato, D.M.D.
E. V.

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 001507E Annual Report for the year 1989

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 159 Lloyd Avenue
Providence, R.I. 02906

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

Name	Office	Address (including number, street, zip code)
Edwin L. Votolato	Director	685 Angell Rd. Lincoln, R.I. 02865
	Director	
	Director	
Edwin L. Votolato	President	685 Angell Rd. Lincoln, R.I. 02865
Ernest P. Votolato	Vice President	Pole 102, Log Rd. Smithfield, R.I. 02917
Edwin L. Votolato	Secretary	685 Angell Rd. Lincoln, R.I. 02865
Edwin L. Votolato	Treasurer	685 Angell Rd. Lincoln, R.I. 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

SECY OF STATE
FEB 27 1989
PAID

Dated Feb. 17 19 89

Edwin L. Votolato, D.M.D. Inc.
(Name of Corporation)

By X [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
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 15076 Annual Report for the year 1988

FIRST: The name of the corporation is Edwin L. Vitolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 159 Lloyd Avenue
Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Edwin L. Vitolato	Director	685 Angell Rd. Lincoln, RI 02865
	Director	
	Director	
Edwin L. Vitolato	President	685 Angell Rd. Lincoln, RI 02865
Ernest P. Vitolato	Vice President	685 Angell Rd. Lincoln, RI 02865
Edwin L. Vitolato	Secretary	685 Angell Rd. Lincoln, RI 02865
Edwin L. Vitolato	Treasurer	685 Angell Rd. Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

Dated Feb. 23 19 88

Edwin L. Vitolato, D.M.D., Inc.
(Name of Corporation)

By Edwin Vitolato

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 15076 Annual Report for the year 1987

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the practice of dentistry.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island IANNUCCILLO, MOORE AND SALVADORE, INC.,
320 South Main Street, P. O. Box 1355, Providence, RI 02901-1355

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

Name	Office	Address (including number, street, zip code)
Edwin L. Votolato, DMD	Director	159 Lloyd Avenue, Providence, RI
	Director	
	Director	
Edwin L. Votolato, DMD	President	Same as above
	Vice President	
Edwin L. Votolato, DMD	Secretary	Same as above
Edwin L. Votolato, DMD	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

Dated January 15, 1987

Edwin L. Votolato, D.M.D., Inc.
(Name of Corporation)

By Edwin L. Votolato, DMD

Edwin L. Votolato, DMD

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 15076 Annual Report for the year 1986

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the practice of dentistry.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island IANNUCCILLO AND GOLDBERG, INC., 320 South
Main Street, P. O. Box 1355, Providence, RI 02901-1355

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

Name	Office	Address (including number, street, zip code)
Edwin L. Votolato, DMD	Director	159 Lloyd Avenue, Providence, RI
	Director	
	Director	
Edwin L. Votolato, DMD	President	Same as above
	Vice President	
Edwin L. Votolato, DMD	Secretary	Same as above
Edwin L. Votolato, DMD	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	APR 14 1986	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

Dated February 28, 1986

Edwin L. Votolato, D.M.D., Inc.
(Name of Corporation)

MAY 30 1986
MR

By Edwin L. Votolato, DMD
Edwin L. Votolato, DMD
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 15076 Annual Report for the year 1985

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the practice of dentistry.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island IANNUCCILLO AND HINES, INC., 320 South
Main Street, Providence, RI P.O. Box 1355, 02901

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

Name	Office	Address (including number, street, zip code)
<u>Edwin L. Votolato, DMD</u>	<u>Director</u>	<u>159 Lloyd Ave., Providence, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Edwin L. Votolato, DMD</u>	<u>President</u>	<u>same as above</u>
	<u>Vice President</u>	
<u>Edwin L. Votolato, DMD</u>	<u>Secretary</u>	<u>same as above</u>
<u>Edwin L. Votolato, DMD</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>600</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>common</u>		<u>no par value</u>

Dated February 25, 1985

RECEIVED MAR 1985

Edwin L. Votolato, DMD Inc.
(Name of Corporation)

By Edwin Votolato DMD

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
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is Edwin L. Votolato, D. M. D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the practice of dentistry.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Iannuccillo and Hines, Inc., 320 South Main St., P. O. Box 1355 Providence, RI 02901-1355

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Edwin L. Votolato, DMD	Director	159 Lloyd Ave., Providence, RI
	Director	
	Director	
Edwin L. Votolato, DMD	President	same as above
	Vice President	
Edwin L. Votolato, DMD	Secretary	same as above
Edwin L. Votolato, DMD	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
600	common		no par value

EIGHTH: Number of Shares issued:

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

Dated: January 3, 1984

Edwin L. Votolato, DMD, Inc.
(Name of Corporation)

By *Edwin L. Votolato*
Title President

(Report must be signed by an officer)

FEB 28 1984 *for*

14856

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

Filing fee: \$15.00

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

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

Annual Report for the year 1983

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of dentistry.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) IANNUCCILLO AND HINES, INC., 320 South Main St., Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Edwin L. Votolato, DMD	Director	159 Lloyd Avenue, Providence, RI
	Director	
	Director	
Edwin L. Votolato, DMD	President	same
	Vice President	
Edwin L. Votolato, DMD	Secretary	same
Edwin L. Votolato, DMD	Treasurer	same

(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
600	common		no par value

EIGHTH: Number of Shares issued:

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

Dated: January 3 19 83

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63

EDWIN L. VOTOLATO, D.M.D., INC.

(Name of Corporation)

By: *Edwin Votolato DMD*

Title: President

(Report must be signed by an officer)

14856

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

FEB 14 1983

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

EDWIN L. VOTOLATO, D.M.D., INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

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

THIRD: The address of its registered office in Rhode Island is c/o SELYA AND IANNUCCILLO, 320 South Main Street, Providence, RI 02903 and the name of its registered agent in Rhode Island at such address is Bruce M. Selya, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is practice of dentistry.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Edwin L. Votolato, D.M.D.	Director	159 Lloyd Avenue, Providence
	Director	
Edwin L. Votolato, D.M.D.	President	same
	Vice President	
Edwin L. Votolato, D.M.D.	Secretary	same
Edwin L. Votolato, D.M.D.	Treasurer	same

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	3 2 82	no par value

MAY 3 1982

Edwin Votolato D.M.D. Pres.

3718A
1500
1500BL

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	common		no par value

Dated January 2 , 19 82

EDWIN E. VOTOLATO, D.M.D., INC.

(NAME OF CORPORATION)

By

Edwin E. Votolato

its President

Categ. 2
Filing fee: \$15 00

1981

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

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

EDWIN L. VOTOLATO, D.M.D., INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Edwin L. Votolato, D.M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is c/o SELYA AND IANNUCCILLO, 320 South Main Street, Providence, RI 02903 and the name of its registered agent in Rhode Island at such address is Bruce M. Selya, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is practice of dentistry

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Edwin L. Votolato, D.M.D.	Director	159 Lloyd Avenue, Providence
	Director	
Edwin L. Votolato, D.M.D.	President	same
	Vice President	
Edwin L. Votolato, D.M.D.	Secretary	same
Edwin L. Votolato, D.M.D.	Treasurer	same

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	2 181	no par value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	common		no par value

Dated January 2 , 19 81

EDWIN L. VOTOLATO, D.M.D., INC.
(NAME OF CORPORATION)

By *Edwin L. Votolato D.M.D.*
Its President

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1980

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

EDWIN L. VOTOLATO, D.M.D., INC.

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Edwin L. Votolato, D.M.D.	President	same
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Edwin L. Votolato, D.M.D.	Treasurer	same

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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	3	no par value

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[Signature]

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	common		no par value

Dated January 2, 1980

EDWIN L. VOTOLATO, D.M.D., INC.
(NAME OF CORPORATION)

By 

Its President

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

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Edwin L. Votolato, D.M.D.	Secretary	same
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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	79	no par value

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<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	common		no par value

Dated January 2 , 19 79

EDWIN L. VOTOLATO, D.M.D., INC.

(NAME OF CORPORATION)

By



Its President

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14856
Filing fee: \$15.00

1978

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

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2515 Hospital Trust Tower, Providence, RI 02903

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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	78	no par value

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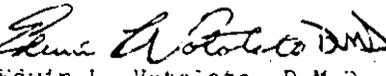
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200	common		no par value

Dated January 2, 1978

EDWIN L. VOTOLATO, D.M.D., INC.

(NAME OF CORPORATION)

By 
Edwin L. Votolato, D.M.D.
Its President

1977

Filing fee: \$15.00

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	Vice President	
Edwin L. Votolato, D.M.D.	Secretary	Same <i>Edwin Votolato D.M.D.</i>
Edwin L. Votolato, D.M.D.	Treasurer	Same <i>Edwin Votolato D.M.D.</i>

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[Signature]

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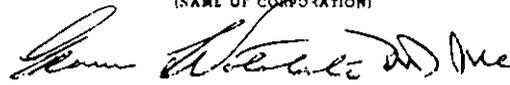
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	common		no par value

Dated February , 19 77

EDWIN L. VOTOLATO, D.M.D., INC.

(NAME OF CORPORATION)

By



Its President

17 25-4



1976



Filing fee: \$15.00

To be filed annually
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State of Rhode Island and Providence Plantations

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200	common		no par value

Dated January 22, 19 76

EDWIN L. VOTOLATO, D.M.D., INC.
(NAME OF CORPORATION)

By *Edwin L. Votolato, D.D.S.*
Its President

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1975

Filing fee: \$15.00

To be filed annually
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State of Rhode Island and Providence Plantations

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Edwin L. Votolato, D.M.D.	Secretary	Same
Edwin L. Votolato, D.M.D.	Treasurer	Same

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200	common		no par value

Dated July 8, 1975

EDWIN L. VOTOLATO, D.M.D., INC.
(NAME OF CORPORATION)

By 
Its President

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