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 OR PRINTED IN BLACK)***

| 1. Corporate ID No. | 2. Name of Corporation |
|---|---|
| 132977 | ERIC M. JOHNSEN, DMD, INC. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 880 EAST Main Rd | Portsmouth | RI | 02871 |

| 4. Business Phone No. | 5. State of Incorporation | 6. SIC Code |
|---|---|---|
| 401 683-5855 | RHODE ISLAND | |

7. Brief Description of the Character of Business Conducted in Rhode Island
THE GENERAL PRACTICE OF DENTISTRY

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

| President Name | Vice President Name |
|---|---|
| Eric M Johnsen | Same |
| Street Address: 224 Heritage Ave | Street Address: |
| City: Portsmouth State: RI Zip: 02871 | City: State: Zip: |
| Secretary Name: Same | Treasurer Name: Same |
| 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 | Director Name |
|---|---|
| Street Address: | 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 *("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* |
| 3,000 COMM NO PAR VALUE | | | 1000 | Common | No PAR |
| | | | | | |

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

[redacted] [redacted]

*File Date* 1-20-05

*Check No* 25774

*By:*

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 01/14/05

Eric M. Johnsen
*Print or Type Name of Officer*

President
*Title of Officer*

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
***Matthew A. Brown,** Secretary of State*

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*100 North Main Street*
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*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 OR PRINTED IN BLACK)***

| 1 Corporate ID No. | 2 Name of Corporation | | |
|---|---|---|---|
| 132977 | ERIC M. JOHNSEN, DMD, INC. | | |
| 3 Street Address Principal Business Office: 980 EAST Main Rd. | City: PORTSMOUTH | State: RI | Zip: 02871 |
| 4 Business Phone No: 401 683 - 5855 | 5 State of Incorporation: RHODE ISLAND | | 6 SIC Code: |

7 Brief Description of the Character of Business Conducted in Rhode Island
THE GENERAL PRACTICE OF DENTISTRY

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Eric M JOHNSEN | 44 Cliff Ave | Port | RI | 02871 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Eric M Johnsen | 44 Cliff Ave | PORT | RI | 02871 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Eric M Johnsen | 44 Cliff Ave | Port | RI | 02871 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ERIC M Johnsen | 44 Cliff Ave | PORT | RI | 02871 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |

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

| AUTHORIZED SHARES | | |
|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* |
| 3,000 COMM NO PAR VALUE | | |
| | | |

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

| ISSUED SHARES | | |
|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* |
| 1000 | Common | NO PAR |
| | | |

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

[redacted]

* 132977 *

*File Date* 1-8-04
*Check No* 2263
*By* [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 01/02/04
*Signature of Officer* *Date*

Eric M Johnsen
*Print or Type Name of Officer*

President
*Title of Officer*

Form 630 Rev. 12/03