



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  
401 222-3640

# 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. <b>15683</b>		2. Name of Corporation <b>Joel H. Harrison, D.M.D., Ltd.</b>									
3. Street Address Principal Business Office <b>230 Airport Road</b>		City <b>Warwick</b>		State <b>RI</b>		Zip <b>02889</b>					
4. Business Phone No. <b>(401) 732-4117</b>		5. State of Incorporation <b>RHODE ISLAND</b>				6. SIC Code <b>9233</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ORAL MAXILLOFACIAL SURGERY</b>											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <b>Joel H. Harrison, DMD</b>				Vice President Name <b>Joel H. Harrison, DMD</b>							
Street Address <b>185 Honeysuckle Road</b>				Street Address <b>185 Honeysuckle Road</b>							
City <b>Warwick</b>		State <b>RI</b>		Zip <b>02888</b>		City <b>Warwick</b>		State <b>RI</b>		Zip <b>02888</b>	
Secretary Name <b>Joel H. Harrison, DMD</b>				Treasurer Name <b>Joel H. Harrison, DMD</b>							
Street Address <b>185 Honeysuckle Road</b>				Street Address <b>185 Honeysuckle Road</b>							
City <b>Warwick</b>		State <b>RI</b>		Zip <b>02888</b>		City <b>Warwick</b>		State <b>RI</b>		Zip <b>02888</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name <b>Joel H. Harrison, DMD</b>				Director Name							
Street Address <b>185 Honeysuckle Road</b>				Street Address							
City <b>Warwick</b>		State <b>RI</b>		Zip <b>02888</b>		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	
<b>600 COMM NO PAR VALUE</b>						<b>100</b>		<b>Common</b>		<b>None</b>	

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



File Date 2.22.05  
Check No. 10154  
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 statements contained herein are true and correct.

Signature of Officer Joel H. Harrison Date 1/27/05

Print or Type Name of Officer Joel H. Harrison, DMD

Title of Officer President



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

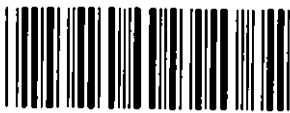
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 15683		2. Name of Corporation Joel H. Harrison, D.M.D., Ltd.			
3. Street Address Principal Business Office 230 Airport Rd.		City Warwick		State RI	Zip 02889
4. Business Phone No. 401 732 4117		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island ORAL MAXILLOFACIAL SURGERY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOEL H. HARRISON DMD			Vice President Name SAME		
Street Address 185 HONEYSUCKLE RD			Street Address		
City WARWICK	State RI	Zip 02888	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOEL H. HARRISON DMD			Director Name		
Street Address 185 HONEYSUCKLE RD			Street Address		
City WARWICK	State RI	Zip 02888	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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100		

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



FILED

File Date JAN 08 2004

Check No. 319684 GMD

By: \_\_\_\_\_

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: Joel H. Harrison Date: 1/2/04

Print or Type Name of Officer: JOEL H. HARRISON DMD

Title of Officer: PRESIDENT



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 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 15-683 2. Name of Corporation JOEL H. HARRISON DMD LTD  
3. Street Address Principal Business Office 230 AIRPORT RD City WARWICK State RI Zip 02889  
4. Business Phone No. 401 732 4117 5. State of Incorporation RI 6. SIC Code 9233

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

ORAL - MAXILLOFACIAL SURGERY

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

President Name <u>JOEL H HARRISON DMD</u>	Vice President Name <u>SAME</u>
Street Address <u>185 HONEYUCKLE RD</u>	Street Address
City <u>WARWICK</u> State <u>RI</u> Zip <u>02889</u>	City State Zip
Secretary Name <u>SAME</u>	Treasurer Name <u>SAME</u>
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 <u>SAME</u>	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)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>600</u>	<u>A</u>	<u>0</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>A</u>	<u>0</u>

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

File Date: 4-10-03

Check No.: 9-106

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] 3/31/03  
Signature of Officer Date

JOEL H. HARRISON, DMD.  
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.

15683

2. Name of Corporation

Joel H. Harrison, D.M.D., Ltd.

3. Street Address Principal Business Office

230 AIRPORT RD

City

WARWICK

State

RI

Zip

02889

4. Business Phone No.

401 732417

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

ORAL - MAXILLOFACIAL SURGERY PRACTICE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

JOEL H. HARRISON DMD

Vice President Name

SAME

Street Address

230 AIRPORT RD.

Street Address

City

WARWICK

State

RI

Zip

02889

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

SAME

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

0

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

0

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



\* 1 5 6 8 3 \*

File Date: 3-6-03

Check No.: 9354

By: LUP

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: Joel H. Harrison DMD Date: 1/10/03

Print or Type Name of Officer: JOEL H. HARRISON DMD

Title of Officer: PRESIDENT

Form 650 12/02



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

15683

2. Name of Corporation

Joel H. Harrison, D.M.D., Ltd.

3. Street Address Principal Business Office

230 AIRPORT

City

WARWICK

State

RI

Zip

02889

4. Business Phone No

401 732 4117

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

DENTAL - MAXILLOFACIAL SURGERY

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

JOEL H. HARRISON DMD

Vice President Name

SAME

Street Address

230 AIRPORT RD

Street Address

City

WARWICK

State

RI

Zip

02889

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)**

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

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



\* 1 5 6 8 3 \*

File Date

2.7.02

Check No.

2360

By

Joel H. Harrison DMD

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

Print or Type Name of Officer

Title of Officer

JOEL H. HARRISON DMD

PRESIDENT



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. **15683** 2. Name of Corporation **Joel H. Harrison, D.M.D., Ltd.**  
3. Street Address Principal Business Office **230 AIRPORT RD** City **WARWICK** State **RI** Zip **02889**  
4. Business Phone No. **732 4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

**DENTAL SURGERY PRACTICE**

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

President Name <b>JOEL H. HARRISON DMD</b>	Vice President Name <b>SAME</b>
Street Address <b>230 AIRPORT RD</b>	Street Address
City <b>WARWICK</b> State <b>RI</b> Zip <b>02889</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>600 NO PAR VAL COM</b>	<b>A</b>	<b>\$1.00</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>600</b>	<b>A</b>	<b>\$1.00</b>

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



\* 1 5 6 8 3 \*

File Date: **5-11-01**

Check No.: **7850**

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]** **1/22/01**  
Signature of Officer Date

**JOEL H. HARRISON DMD**  
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  
401-222-3040



**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. **15683** 2. Name of Corporation **Joel H. Harrison, D.M.D., Ltd.**  
3. Street Address Principal Business Office **230 AIRPORT RD.** City **WARWICK** State **RI** Zip **02889**  
4. Business Phone No. **401 7324117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ORAL MAXILLOFACIAL SURGERY**

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

President Name <b>JOEL H. HARRISON, D.M.D.</b>	Vice President Name <b>SAME</b>
Street Address <b>230 AIRPORT RD</b>	Street Address
City <b>WARWICK</b>	City
State <b>RI</b>	State
Zip <b>02889</b>	Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
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 <b>SAME AS ABOVE</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
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 NO PAR VAL COM**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1 A \$1.00**

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



\* 1 5 6 8 3 \*

File Date: **3/2/100**  
**7262**  
Check No.:  
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 **Joel H. Harrison DMD** Date **01/03/00**  
Print or Type Name of Officer  
**JOEL H. HARRISON DMD**  
**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  
401-222-3040



# 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.		2. Name of Corporation			
15683		Joel H. Harrison, D.M.D., Ltd.			
3. Street Address Principal Business Office		City	State	Zip	
230 Airport Road		Warwick	R.I	02889	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
(401) 732-4117	RHODE ISLAND		9233		
7. Brief Description of the Character of Business Conducted in Rhode Island					
Oral - Maxillofacial Surgery					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Joel H. Harrison DMD			Same		
Street Address			Street Address		
230 Airport Road					
City	State	Zip	City	State	Zip
Warwick	RI	02889			
Secretary Name			Treasurer Name		
Same			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		
Joel H. Harrison DMD					
Street Address			Street Address		
230 Airport Rd					
City	State	Zip	City	State	Zip
Warwick	RI	02889			
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
600 NO PAR VAL COM		0	100	NO PAR VAL COM	0
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



\* 1 5 6 8 3 \*

File Date: March 1999

Check No.: 6757

By: JH

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: Joel H. Harrison DMD Date: 3/2/99

Print or Type Name of Officer: Joel H. Harrison DMD

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. **15683** 2. Name of Corporation **Joel H. Harrison, D.M.D., Ltd.**  
3. Street Address Principal Business Office **230 AIRPORT RD.** City **WARWICK** State **RI** Zip **02889**  
4. Business Phone No. **401 732 4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ORAL - MAXILLOFACIAL SURGERY**

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

President Name **JOEL H. HARRISON DMD** Vice President Name  
Street Address **230 AIRPORT RD** Street Address **SAME**  
City **WARWICK** State **RI** Zip **02889** City State Zip  
Secretary Name **SAME** Treasurer Name **SAME**  
Street Address **SAME** Street Address **SAME**  
City State Zip City State Zip

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

Director Name **JOEL H. HARRISON DMD** Director Name  
Street Address **230 AIRPORT RD** Street Address  
City **WARWICK** State **RI** Zip **02889** 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

**600 NO PAR VAL COM**

**0**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100**

**NO PAR VAL COM**

**0**

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



\* 1 5 6 8 3 \*

File Date **1-20-98**

Check No. **6233**

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 **Joel H. Harrison** Date **1/6/98**

Print or Type Name of Officer **JOEL H. HARRISON DMD**

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation		City		State		Zip									
15683		Joel H. Harrison, D.M.D., Ltd.		WARWICK		RI		02889									
3. Street Address Principal Business Office				5. State of Incorporation		6. SIC Code											
230 AIRPORT RD				RHODE ISLAND		9233											
4. Business Phone No.				7. Brief Description of the Character of Business Conducted in Rhode Island													
732 4117				ORAL-MAXILLOFACIAL SURGERY PRACTICE													
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)																	
President Name					Vice President Name												
JOEL H. HARRISON DMD					SAME												
Street Address					Street Address												
SAME AS ABOVE																	
City					City												
State					State												
Zip					Zip												
Secretary Name					Treasurer Name												
SAME					SAME												
Street Address					Street Address												
City					City												
State					State												
Zip					Zip												
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)																	
Director Name					Director Name												
SAME					NONE												
Street Address					Street Address												
City					City												
State					State												
Zip					Zip												
Director Name					Director Name												
NONE					NONE												
Street Address					Street Address												
City					City												
State					State												
Zip					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 NO PAR VAL COM									100						NO PAR VAL		

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



\* 1 5 6 8 3 \*

File Date: 1/15/97

Check No.: 5730

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: 12/20/96

Print or Type Name of Officer: JOEL H. HARRISON DMD

Title of Officer: President

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. 15683  
2. NAME OF CORPORATION Joel H. Harrison, D.M.D., Ltd.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 230 AIRPORT RD. CITY WARWICK STATE R.I. ZIP CODE 02889  
4. BUSINESS PHONE NO 7324117 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 9233

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

ORAL - MAXILLOFACIAL SURGERY

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME JOEL H. HARRISON DMD VICE PRESIDENT NAME SAME  
STREET ADDRESS 230 AIRPORT RD STREET ADDRESS  
CITY WARWICK STATE RI ZIP CODE 02889 CITY STATE ZIP CODE  
SECRETARY NAME SAME TREASURER NAME SAME  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME SAME DIRECTOR NAME  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE  
DIRECTOR NAME DIRECTOR NAME  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
600	NO PAR VAL COM		100	NO PAR VAL COM	

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.

File Date: 2/7/96  
Check No: 5276  
By: KID/WP  
For Secretary of State Use Only

Signature of Officer JOEL H. HARRISON DMD  
Print or Type Name of Officer President  
Title of Officer 12/22/95  
Date



**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.**

0015633

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

JOEL H. HARRISON, D.M.D., Ltd.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: R.I.

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:

ORAL and MAXILLOFACIAL SURGERY  
PROFESSIONAL PRACTICE

Phone: (401) 732-4117

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

230 AIRPORT RD.  
WARWICK R.I. 02889

Phone: (401) 732-4117

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	JOEL H. HARRISON DMD	230 Airport Rd	Warwick RI 02889
VICE PRESIDENT	"	"	"
SECRETARY	"	"	"
TREASURER	"	"	"

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 600 Class / Series NO PAR VTL COMMON

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 600 Class / Series NO PAR VTL COMMON

Same as previous reports for both categories

Date 1/23, 19 95

By: JOEL H. HARRISON DMD  
PRINT OR TYPE NAME OF OFFICER SIGNING PRESIDENT  
TITLE OF OFFICER SIGNING

Form 31 1-95

**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.

JOEL H. HARRISON, DMD  
230 AIRPORT ROAD  
WARWICK RI 02889

**PAID**

**MAR 21 1995**

**SECRETARY OF STATE**

CR 4716

(CS)

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
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

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0015663 Annual Report for the year: 1994

Name of Business Entity: JOEL H. HARRISON, D.M.D., Ltd.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: ( )

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

230 AIRPORT RD.  
WARWICK, R.I. 02889

Phone: (401) 7324117

Business Entity is (check one)

- ☐ Business Corporation (See RIGL Chapter 7-1.1)  
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

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

JOEL H. HARRISON DMD  
230 AIRPORT RD  
WARWICK RI 02889

Brief statement of the character of business conducted in Rhode Island:

DENT MAXILLOFACIAL SURGERY

Date of Organization: 1980 5/13/81<sup>RE</sup>

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

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	<u>JOEL H. HARRISON DMD</u>	<u>230 AIRPORT RD. WARWICK</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>JAME</u>		

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>500</u>	NUMBER	<u>100</u>
CLASS	<u>NON PAR</u>	CLASS	<u>NON PAR</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>NON PAR</u>	PAR VALUE OR WITHOUT PAR	<u>NON PAR</u>

Date: 1/29, 19 94

By: JOEL H. HARRISON DMD

FILED

FEB 24 1994

By: CON 755

PRINT OR TYPE NAME OF OFFICER SIGNING: JOEL H. HARRISON DMD

TITLE OF OFFICER SIGNING: President

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOEL H. HARRISON, DMD  
230 AIRPORT ROAD  
WARWICK RI 02889

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

PLP 3409 ✓

Corporate ID 0015683 Annual Report for the year 1993

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Oral - Maxillofacial Surgery Practice

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 230 Airport Rd. Warwick, R.I. 02889

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Joel H. Harrison, D.M.D. President

185 Howeyshuckle Rd. Warwick RI 02888

Same

Vice President

Same

Same

Secretary

Same

Same

Treasurer

Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

10000

Series

**PAID**

Par Value  
or statement that  
shares are without  
par value  
1.00

**MAR 01 1993**

EIGHTH: Number of Shares issued:

No. of Shares

Class

1000

Series

**SECY OF STATE**

Par Value  
or statement that  
shares are without  
par value  
1.00

Dated 2/23 19 93

Joel H. Harrison DMD LTD

(Name of Corporation)

By

Joel H. Harrison

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 1992

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

230 Airport Road, Warwick, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Joel H. Harrison, DMD	Director	230 Airport Road, Warwick, Rhode Island
	Director	
	Director	
Joel H. Harrison, DMD	President	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, DMD	Vice President	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, DMD	Secretary	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, DMD	Treasurer	230 Airport Road, Warwick, Rhode Island

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

600

Par Value  
or statement that  
shares are without  
par value

shares are without par  
value

Rec'd & Filed

ECR 90645  
DEC 10 1992

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

none

Par Value  
or statement that  
shares are without  
par value

Dated: February 19 92

Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

By

*Joel H. Harrison*

Title President

(Report must be signed by an officer)

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 \$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 0015683

Annual Report for the year

1991

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 230 Airport Road, Warwick, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joel H. Harrison, D.M.D.	Director	230 Airport Road, Warwick, Rhode Island
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, D.M.D.	Vice President	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, D.M.D.	Secretary	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, D.M.D.	Treasurer	230 Airport Road, Warwick, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

None

Dated November 19 92

Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

By

*Joel H. Harrison*

Title President

(Report must be signed by an officer)

can 90645  
Rec'd & Filed DEC 10 1992



**State of Rhode Island and Providence Plantations**CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0015683Annual Report for the year 1990FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.SECOND: It is incorporated under the laws of Rhode Island  
rendering professional services as an oralTHIRD: Character of business, briefly stated, is surgeon in a practice limited to oral and  
maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 230 Airport Road, Warwick, Rhode Island.

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joel H. Harrison, DMD	Director	230 Airport Road Warwick, Rhode Island
	Director	
	Director	
Joel H. Harrison, DMD	President	230 Airport Road Warwick, Rhode Island
Joel H. Harrison, DMD	Vice President	230 Airport Road Warwick, Rhode Island
Jay S. Goodman, Esq.	Secretary	One Park Row Providence, Rhode Island
Joel H. Harrison, DMD	Treasurer	230 Airport Road Warwick, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
600		

Par Value  
or statement that  
shares are without  
par valueshares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
none	

Par Value  
or statement that  
shares are without  
par value

PAID

MAR 27 1990

SECY. OF STATE

Dated January 19 90Joel H. Harrison, DMD, Ltd.  
(Name of Corporation)By Jay S. GoodmanTitle Secretary

(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 0015683

Annual Report for the year 1989

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 230 Airport Road, Warwick, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joel H. Harrison, D.M.D.	Director	230 Airport Road, Warwick, Rhode Island
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	230 Airport Road, Warwick, Rhode Island
Joel H. Harrison, D.M.D.	Vice President	230 Airport Road, Warwick, Rhode Island
Jay S. Goodman, Esquire	Secretary	One Park Row, Providence, Rhode Island
Joel H. Harrison, D.M.D.	Treasurer	230 Airport Road, Warwick, Rhode Island

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

No. of Shares

Class

Series

600

Shares are without  
par value

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

No. of Shares

Class

None

Dated March 23 19 90

Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

By

Jay S. Goodman

Title Secretary

(Report must be signed by an officer)

PAID  
MAR 27 1990  
SECY. OF STATE

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 0015588

Annual Report for the year 1988-1989

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joel H. Harrison, D.M.D.	Director	230 Airport Road, Warwick, RI
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	230 Airport Road, Warwick, RI
Joel H. Harrison, D.M.D.	Vice President	230 Airport Road, Warwick, RI
Jay S. Goodman, Esq.	Secretary	One Park Row, Providence, RI
Joel H. Harrison, D.M.D.	Treasurer	230 Airport Road, Warwick, RI

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

No. of Shares

Class

Series

600

Shares are without  
par value

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

No. of Shares

Class

Series 17 1989

None

Dated January 31, 19 89.

Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

By

Jay S. Goodman

Title Secretary

(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 15683 Annual Report for the year 1987

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

rendering professional services as an oral  
THIRD: Character of business, briefly stated, is surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 230 Airport Road, Warwick, RI

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Joel H. Harrison, D.M.D. Director 230 Airport Road, Warwick, RI

Director

Director

Joel H. Harrison, D.M.D. President 230 Airport Road, Warwick, RI

Vice President

Jay S. Goodman Secretary One Park Row, Providence, RI 02903

Treasurer

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

Dated February 19 87

Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

By Jay S. Goodman

Title Secretary

(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 15683 Annual Report for the year 1986

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 230 Airport Road, Warwick, Rhode Island

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

Name	Office	Address (including number, street, zip code)
Joel H. Harrison, D.M.D.	Director	230 Airport Road, Warwick, RI 02888
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	
	Vice President	
Jay S. Goodman, Esq.	Secretary	One Park Row, Providence, RI
	Treasurer	

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

Dated February 25, 1986

(Report must be signed by an officer)

Joel H. Harrison, D.M.D., Ltd.  
(Name of Corporation)

By Jay S. Goodman  
Jay S. Goodman

Title Secretary

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**

Corporate ID #15683

Annual Report for the year 1985

FIRST: The name of the corporation is JOEL H. HARRISON, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto, pursuant to all the provisions of Chapter 51 of the General Laws of RI, 1969 Reenactment, Sec. 7-5.1, et seq., as amended, Professional Service Corporations.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address)  
One Park Row, Prov., RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Joel H. Harrison, DMD	Director	37 Tashmoo Way, Pawtucket, RI
	Director	
	Director	
Joel H. Harrison, DMD	President	37 Tashmoo Way, Pawt., RI
Joel H. Harrison, DMD	Vice President	" " " " "
Jay S. Goodman	Secretary	One Park Row, Prov., RI
Joel H. Harrison, DMD	Treasurer	37 Tashmoo Way, Pawt., RI

(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

EIGHTH: Number of Shares issued:

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

Dated: October 2, 1985 JOEL H. HARRISON, D.M.D., LTD.  
(Name of Corporation)

By LRB

PAID

Title Secretary

(Report must be signed by an officer)

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 1984

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional service  
as an oral surgeon in a practice limited to oral and maxillofacial  
surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Joel H. Harrison, D.M.D.	Director	37 Tashmoo Way, Pawtucket, RI
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	37 Tashmoo Way, Pawtucket, RI
Joel H. Harrison, D.M.D.	Vice President	37 Tashmoo Way, Pawtucket, RI
Jay S. Goodman, Esq.	Secretary	11 Park Row, Providence, RI
Joel H. Harrison, D.M.D.	Treasurer	37 Tashmoo Way, Pawtucket, RI

(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		Shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
None			

Dated: February 2, 19 84

4  
-  
5  
84  
Joel H. Harrison, D.M.D., Ltd.  
(Name of Corporation)

By: Jay S. Goodman  
Title: Secretary

(Report must be signed by an officer)

APR 11 1984  
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 Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Eleven Park Row, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Joel H. Harrison, D.M.D.	Director	37 Tashmoo Way, Pawtucket, RI
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	37 Tashmoo Way, Pawtucket, RI
Joel H. Harrison, D.M.D.	Vice President	37 Tashmoo Way, Pawtucket, RI
Jay S. Goodman, Esq.	Secretary	11 Park Row, Providence, RI
Joel H. Harrison, D.M.D.	Treasurer	37 Tashmoo Way, Pawtucket, RI

(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		Shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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None

Dated: May 23 19 83 Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

Jay S. Goodman  
Secretary

(Report must be signed by an officer)

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 1982

FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as an oral surgeon in a practice limited to oral and maxillofacial surgery, and all lawful activities related thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Eleven Park Row, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Joel H. Harrison, D.M.D.	Director	37 Tashmoo Way, Pawtucket, RI
	Director	
	Director	
Joel H. Harrison, D.M.D.	President	37 Tashmoo Way, Pawtucket, RI
Joel H. Harrison, D.M.D.	Vice President	37 Tashmoo Way, Pawtucket, RI
Jay S. Goodman, Esq.	Secretary	Eleven Park Row, Providence, RI
Joel H. Harrison, D.M.D.	Treasurer	37 Tashmoo Way, Pawtucket, RI

(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

shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

None

Dated: September 24 19 82

Joel H. Harrison, D.M.D., Ltd.

(Name of Corporation)

By: Jay S. Goodman

Title: Secretary

(Report must be signed by an officer)

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