

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

Matthew A. Brown, Secretary of State

Corporations Dursion 160 North Main Street Providence, RI 02903-1335 401-222,3040

Form 630 Rev. 12/03

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

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

(10RM MUST BE TYPED OR PRINTED IN BLACK)

(FORM MUST BE TYPED O	R PRINTED IN BLACK)					
1 Corporate ID No	2 Name of Corps		<u> </u>	 		
15683		ison, D.M.D., Ltd.				
5 Street Address Principal Bri	~		City	State	Zip	
230 Airport	Koad		Warwick	RI	02889	
(401) 732-4	117	5 Maig of Incorporation			6 SIC Code	
. Brief Description of the Chi	aracter of Pasanos Conductor	RHODE ISLAN	<u>ID</u>		9233	
ORAL MAXILLOF	ACIAL SURGERY					
8. NAMES AND ADDRI	ESSES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) TEILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
President Name			Vice President Name			
Joel H. Harr	rison, DMD		Joel H. Har	rison, DMD		
Nica Addies 185 Honeysuc	ckle Road		Street Address 185 Honeysu	ckle Road		
Gr ⁿ	State	Zīp	Cit;	State	Zψ	
Warwick Secretary Name	RI	02888	Warwick	RI	02888	
Joel H. Hari	rican DMD		Treasurer Name			
Street Address	TISON, DED		Joel H. Har	rison, DMD		
185 Honeysuo	ckle Road		185 Honeysu	ckla Road		
Cury	State	Zıp	Ga:	State .	Zip	
Warwick	RI	02888	Warwick	RI	02888	
	SSES OF THE DIRECT	TORS: ("X" BOX FOR	(ITACHMENT) [FILL	IN SPACES BEFORE US		
Director Name			Director Name			
Joel H. Harr	cison, DMD	.				
185 Honeysuc	ckle Pood		Street Address			
City	State	Zip	Guv	State		
Warwick	RI	02888	140	2 2000C	Zip	
Dagetor Name	······································		Director Name			
Street Address		·	Street Address			
City			<u> </u>			
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Number of Shares	Class Senes	Par Value	Number of Shares	Class Series	Par Value	
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- COUNTY TO PAR 97	ALUE		100	Common	None	
		-	"			
			<u> </u>		<u></u>	
This report mus	t be signed in ink by e	other the President, Vice	President, Secretary, Assist	tant Secretary, Treasurer,	Receiver or Trustee	
i	INDIAL HANG MAIN MAIN 18:	IEE 1111 1201				
•		188 IIII 1881	Under penalty of po	erjury, I declare and affirm the	hat I have examined this report	
?			including any acco contained, herein ar	inpanying schedules and stai e true and correct	tements, and that all statement	
File Date	22-05 		and H.	H. Dim	1/27/05	
//		_	Signature of Officer	Tu-1111/	Date	
Clieck No. =		_			DAGE	
n	2			larrison, DMD	····	
By:		-	Print or Type Name of Officer			
FOR SECRETARY C	DE STATE USE ONLY		 _	President		
			Title at Officer			



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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

ROFIT CORPORATIO	$\mathbf{N}^{'}$	ANNUAL REPORT FOR THE YEAR	2004
iling Period: January 1 - March 1	•	Filing Fee: \$50.00	

(FORM MUST HE TYPED OR PRI	NTED IN BLACK)					
I Corporate ID No. 15683	2. Name of Corpora	son, D.M.D., Ltd.				
3. Street Address Principal Business 230 Hirport	Office	3011, D.M.D., Etg.	City Warwick	State	7.1p 02889	
4. Business Phone No Yol 732	uu2	5. State of Incorporation	11		6. SIC Code	
7 Brief Description of the Character	of Business Conducted	In Rhode Island	<u>D</u>		9233	
ORAL MAXILLOFACIAL						
8. NAMES AND ADDRESSES President Name			TACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
JOEL H.	YAKRISON)	MO		the.		
Street Address 185 Howe	YARRISON). EYSUCKLE I	49	Street Address			
CIIY WARNICK	State RI	02888	City	State	Zip	
Secretary Name	SAME	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	<i>Ca</i> .		
Street Address	Sime		Street Address	Stae		
	_ _					
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRESSES	OF THE DIRECT	I ORS: <i>("X" hox for A</i>	: ITTACHMENT) [FILL	 IN SPACES BEFORE U	SING ATTACHMENTS	
Director Name Joel	H. HARRI	son omp	Director Name			
Street Address 187 HOA	H· HARRI EYSUCKLE	AV.	Street Address			
City WARWICK	State	21p 02888	City	State	Zip	
Director Name	• •••••••••••••••••••••••••••••••••••••		Director Name			
Street Address	<u>-</u>		Street Address			
City	State	<i>Σ</i> φ	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be s	signed in ink by c	ither the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r. Receiver or Trustee	
			·	•		
			Under nenalty of ov	riury 1 declars and affirm	that I have examined this report.	
	5 6 8 3	*	including any accor	mpanying schedules and s	tatements, and that all statements	
File Date AAA O D	-		contained herein are true and correct.			
- JAN 08 20	104	-	Signature of Officer Bail			
Check No.	H GAVA	-	, ,	<i>i</i>		
Ву:		_	Print or Type Name of Officer			
FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer	- I KESIDET	<u> </u>	
			Time of Officer			



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

E... 210 12002

I. Corporate ID No.					
	2. Name of Corpor				
15-623	· J •	EZ H. HARRI	SON DIAD LID		
Street Address Principal Busin	ness Office	•	City	State	Zip
230 AIRPOR	T KD		WARWICK	$\mathcal{R}_{\mathcal{L}}^{-}$	8288
Business Phone No.		5. State of Incorporat	io ភ		6 SIC Co
10/732 4	•	• -			9 23
Brief Description of the Char					,
	AXILLUIFACIAL				
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resident Name		4	Vice President Name		
JUEL H	HARRISON	VIND		SAME	
reet Address IF (** #60.4)	EYSUCKLE R.	()	Street Address		
/0 <i>) (DNL</i> ty	ETTUCKLE IC	<i>y</i>			
WALWICK	State R.L	DIEFO	City	State	Zip
cretury Name	101	01859	•		
	'A -		Treasurer Name	SAME	
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	ime		Street Address)1 m€	
ret Address	State	7.ip		·	Z in
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date 4-10 03	that all statements contained herein are true and correct
Check No.:	Signature of Officer Date
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer PRETIDENT

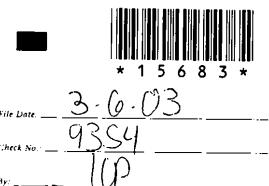
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040
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2417	·	•		6. SIC Cude
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H. HARRE	on smp	Vice President Name	SAME	
RPORT RD,		Street Address		
State A	Zip 02889	City	State	Zip
		Treasurer Name		
me		517	1E	
		Street Address		
State	Zip	City	State	Zip
RESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC	FS REFORE USING AT	TA CHMENTS
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		Street Address		
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		Director Name		
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Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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	2. Name of Corpor Joel H. Hai Simess Office 3.0 ATR PORT 2-417 racter of Business Conducted — MAKULOFA RESSES OF THE OFF H. HARLU State State State State State Cluss/Series	Joel H. Harrison, D.M.D., Ltd. Simess Office 3 O ATR PORT A) S. State of Incorporation RHODE ISLAND Tacter of Business Conducted in Rhode Island — MAKILOFICIAL SURLERY RESSES OF THE OFFICERS ("X" BOX FOR ATTACK H. HARLEON DMD) RPORT RD, State Zip O2889 THE DIRECTORS ("X" BOX FOR ATTACK State Zip State Zip	2. Name of Corporation Joel H. Harrison, D.M.D., Ltd. Sincess Office 3. O ATRIONE A) S. State of Incorporation RHODE ISLAND Tracter of Business Conducted in Rhode Island — MANULOPIUM SURLERY PURTICE RESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACE H. HARLON PMD Street Address State Zip City RESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACE Street Address State Zip City RESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACE Street Address State Zip City Director Name Street Address Number of Shares Number of Shares	2. Name of Corporation Joel H. Harrison, D.M.D., Ltd. WARWICK Parties of Missiners Conducted in Rhode Island - MAKULOFALM JULLERY MUCHE RESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT RESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT State Address State Zip City State RESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT State Zip City State State Zip City State Director Name Street Address State Zip City State Director Name Street Address State Zip City State Director Name State Zip City State The State State Zip City State Director Name State Zip City State Director Name State Zip City State The State Zip City State Director Name State Zip City State The State Zip City State Director Name State Zip City State The State Zip City State Director Name State Zip City State The State Zip City State City State The State Zip City State

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



FOR SECRETARY OF STATE USE ONLY

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

Significantly Officer

TOO H. HAMMSON DMD

Print or Type Name of Officer

PO TOO OFFICER



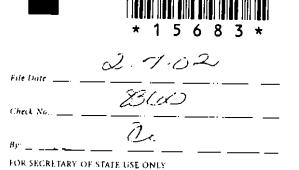


Edward S. Inman. III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 101-222-3040

PROFIT CORPORATION ANNUAL 2002

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600 COMM NO PAR V		Par Value	Number of Shares	Class/Series	Par Value
O. SHARES AUTHORI UIFORIZED SHARES Cumber of Shares	ZED (*X* BOX FOR ATT.		11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT	r)
(ity	State	Zip	City	State	Zıp
treet Address			Street Address		
Ditector Name	•		Director Name	·	
City	State	Zıp	City	State	Zip
Street Address			Street Address		
9. NAMES AND ADDE	RESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING AIT	ACHMENTS
City	State	Zip	City	State	Zip
Street Address	341116		Street Address	AME	
Secretary Name	SAME-	•	Deasuret Name	`h. c	
Cay WARWECK	state L	¹¹⁴ 02889	City	State	Zip
Street Address	H. HARRISON AIRPORT RD	(DINS)	Street Address	SIME	
President Name		FICERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
	MAXILLOFACIA	L SURGERY			
4 Business Phone No YO/ 732		5 State of Incorporation RHODE ISLAN			6 SIC Code 9233
230 AIRPORT			WARWICK	State P.F	02889
15683 3. Street Address Principal Bus		rrison, D.M.D., Ltd.	Carr		
FILING PERIOD: JANU (FORM MUST BE TYPED IN 1. Corporate ID No	iary 1~March 1 • S BLACK) , 2. Same of Corpo	Filing Fee: \$50.00	EPORT FOR TH	D TEAR	PLIAS

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.

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK). 1. Corporate ID No. 2. Name of Corporation 15683 Joel H. Harrison, D.M.D., Ltd. 3. Street Address Principal Business Office WARNICK 230 AIRPORT KI 4. Business Phone No. 5 State of Incorporation 732 4117 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island DAM SURLERY PRACTICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS JOEL H. HARRISON Street Address Street Address AIRPORT RI City City State Zip Secretary Name Treusurer Name Street Address Street Address City State 210 City 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 City State Zip Director Name Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES

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

\$1.00

Number of Shares

600



Number of Shares

600 NO PAR VAL COM

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.

Class/Series

1

Par Value

Signature by Officer	um/	1/22/07	
Signature of Officer		Date	
Ten 1/ 1/11	/ .		

Print or Type Name of Officer

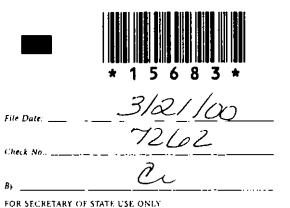
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2. Name of Corporation 15683 Joel H. Harrison, D.M.D., Ltd. 3 Street Address Principal Business Office State AIRPORT RD. 02889 230 RI 4 Business Phone No. 5. State of Incorporation 6. SIC Code 9233 RHODE ISLAND 401 7124117 7 Brief Description of the Character of Business Conducted in Rhode Island ORAL MAXILLOFACIAL SURCERY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name STME JUEL H. HARRIEN , O.M. J. Street Address Zip City City State WARWICK Secretary Name Treasurer Name SAME Street Address Street Address Zip City City State Zip **FILL IN SPACES BEFORE USING ATTACHMENTS** 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City Zip City State Director Name Director Name Street Address Street Address State City State Zip City 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

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



600 NO PAR VAL COM

this report, including any accompanying sch that all statements contained herein are true	
Signature of Officer	00 80 10
Signatule of Officer	Date
JUEL H. HARRISON O	MD
Print or Type Name of Officer	
IRESIDENT	
Title of Officer	

Under penalty of perjury, I declare and affirm that I have examined



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

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(FORM MUST BE TYPED IN BI 1. Corporate ID No.	LACK) 2. Name of Corp	poration		-	
15683	·	larrison, D.M.D., Ltd.			
3. Street Address Principal Busine		idilioon, 5.m.5., E.a.	City	State	Zip
4 Business Phone No.	irport Roa	S. State of Incorporation	Warwick	R.I	02889 6. SIC Code
(401) 733 7. Brief Description of the Charac	1-4117	RHODE ISLANI)		9233
		al Surgery FFICERS (*x* BOX FOR ATTACH	MENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTACHM	ENTS
Street Address	Harrison	DMD	SAME Street Address		
230 Atr	rport Road	Zip	City	State	Zip
Warwick Secretary Name	RI	02889	Treasuter Name		••••
Street Address	SAME		SAME Street Address		
City	State	Zıp	City	 State	Zip
9. NAMES AND ADDRE	ESSES OF THE D	IRECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING ATTACH	MENTS
Joel H. Street Address	Harnson	DmD	Street Address		
230 Air	port Rd	Zip	City	State	Z) p
Warwick Director Name	RI	02889	Director Name		
Street Address			Street Address		• •
City	State	Zıp	City	State	Zip
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This report must be si ş	gned in ink by (either the President, Vice I	resident, Secretary, As	ssistant Secretary, Treasure	, Receiver or Trusto

* 1 5 6 8 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: Mary 199	that all statements contained herein are true and correct. 100 6
By:	Toel H. Harrison DmD Print or Type Name of Officer President

re true and correct. <u>mp</u> Title of Officer



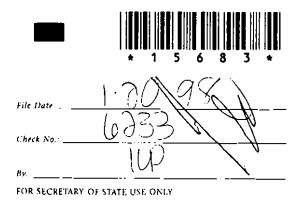
fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLI VSE READ INSTRUCTIONS

(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 WARWICK 230 AIRPORT AD. 4. Business Phone No. 5. State of Incorporation 401 7324117 **RHODE ISLAND** 9233 7 Brief Description of the Character of Business Conducted in Rhode Island ORAL- MAXILLOFACIAL 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name JER H. HARRISON SAME Street Address AIRPORT RD City City Zip Secretary Name Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name HARRISON DMD Street Address Street Address 230 AIRPORT RD City 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 Par Value Number of Shares Class/Series NO PAR VAL COM & **600 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.

Signature of Officer Weller Har May 16/98

Print or Type Name of Officer

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM	MUST	RE	TYPED	IN	BLACK)
11 () ()	musi	116	11161	114	OLAUA/

1. Corporate ID No.

2. Name of Corporation

Joel H. Ha	rrison, D.M.D., Lt			
Business Office	מל	City WMW/W	State A T	02889
70 11114 00-1		•	100	6. SIC Code
732 4/17	•			9233
Character of Rusiness Conducted	in Rhode Island			J2JJ
		•		
DDRESSES OF THE OF	FICERS ("x" BOX FOR			
7. H. HADRICE	1 Domi	Vice President Name		
		Street Address	SAME	
SAME AS	MOVE			
State	Zip	City	State	Zip
		Treasurer Name		
SAME		Street Address	SAME	
State	Zip	City	State	Zip
ODRESSES OF THE DI	RECTORS (*x* Box F	OR ATTACHMENT)		
		Director Name		
SAME			NONE	
<i>y</i> , . c		Street Address		
State	Zip	City	State	Zip
		Director Name		·
NONE			NONE	
		Street Address		
State	Zip	City	State	Zip
ORIZED AND ISSUED	("X" BOX FOR ATTACHN	(ENT)		
		ESSUFED SHARES		•
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	Business Office 30 AIRPORT R 732 4117 Character of Business Conducted ORAL-MAKILLU DORESSES OF THE OF SAME State State DORESSES OF THE DIF State State ORESSES OF THE DIF State ORESSES OF THE DIF	Business Office 30 AIRPORT RY S. State of Incorpor 732 4117 RHODE IS Character of Business Conducted in Rhode Island ORAL - MAXILLU FACIAL SURVEY DECESSES OF THE OFFICERS ("X" BOX FOR 2 H. HARRISON OM) SAME AS MSONE State Zip DECESSES OF THE DIRECTORS ("X" BOX FOR State Zip NOME State Zip ORIZED AND ISSUED ("X" BOX FOR ATTACHM	S. State of Incorporation THE STREET ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Street Address State S	Business Office 30 HIROST BD S. State of incorporation RHODE ISLAND Character of Business Conducted in Rhode Island OPAL-MAKILLU FACIAL SURVERY PRACTICE DDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address State S

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
Ву:	lot full
FOR SECRETAR	RY 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.

Jula He May 12/

JOEZ H. HARRISON DMD

President Tule 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

File Date:

Ву:

CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OR P	RINT IN BLACK INK.		
15683		Harrison, D.M	.D., Ltd.		
	SS OFFICE RD.		WARWICK	STATE \mathcal{R} , \mathcal{D} ,	21º 0001 02889
ISINESS PHONE NO 73241	117	STATE OF INCORPORATION RHODE ISI	LAND		6. sec cook 9233
	ER OF BUSINESS CONDUCTED IN RHODE ISLANC L - MAKIWO FAC		TY	· ·	
DENT HAME	8. HAME	S AND ADDRE	SSES OF THE OFFI	CERS	
ET ADURESS	H. HARRISON D	mD	STREET ADDRESS	<u> </u>	
WARNICK	STATE RED	21° CODE	ατ ύ	STATE	ZP C00E
TARY HAME	(Amb	• ' /	TREASURER NAME	· • • - • - • · • · • · • · • · • · • ·	·
T ADORESS			STREET ADOMESS	<u></u> -	
· 	STATE	ZP COOE	απ	STATE	ZIP C00€
OR HAME	9. HAME	S AND ADDRE	SSES OF THE DIRE	CTORS	
TADORESS			STREET ADDRESS		
-	STATE	ZIP CÔÓE	ary	STATE	ZDF COORE
OR NAME	 ' - -	• 	DIRECTOR NAME	e e <u>serence</u>	
ADORESS			STREET ADDRESS		A CHAIR HAND
	STATE	ZIP C000E	ony	STATE	ZP CODE
		RES AUTHORI	ZED AND ISSUED	<u> </u>	· • ·
MUMBER OF SHARES	AUTHORIZED SHARES CLASS/SCHES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PARVALUE
600 NO PA	R VAL COM	·	_ /00	NO PAR	VAZ COM
				~•	
p _r	This represent Vice President	port must be SIGN	ED IN INK by either the nt Secretary, Treasurer, Rec		· · · ·
	SS. GOTT, FIGE F TESIGETIC,	Occidia y, Assistd	Under penalty of perio	urv. I declare and aff	irm that I have examinules and statements, a

Signature of Officer Print or Type Name of Officer Title of Officer

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 c	OMPLETED IN	FULL OR THE	FORM WILL B	E RETURNED.
0015683				

0015683	1995
Corporate ID:	
Name of Corporation:	ison, D.M.D., Ltd.
Business entity organized under the laws of the State of:	Business Entity is (check one):
For foreign entity, address and telephone number of principal of	
	· · · · · · · · · · · · · · · · · · ·
m (idal) 727 1/17	Brief statement of the character of business conducted in Rhode Island:
Phone: (401) 732 41) 7	DOM: 1 MANUAL DA
Address and telephone of the principal office of business entity is Island (Provide street address - Not P.O. Box):	in Rhode DEM and MAXILLOFACIAL SURGERY PROPESSIONAL PRACTICE
7.30 ALREDOUT AD	
WARNICK R. E. 02689	
(1/2)	
Phone: (401) 732 411 7	
THE	NAMES OF THE OFFICERS ARE
PRESIDENT	NAMES OF THE OFFICERS ARE: STREET ADDRESS CITY/STATE ZIP CODE
JUEZ H. HARRISON OM	D 230 Airport Rd Warwick RI 02889
VICE PRESIDENT	STREET ADDRESS CHY/STATE ZIP CODE
SECRETARY	STREET ADDRESS CITY/STATE ZIP CODE
TREASURER	
1/	STREET ADDRESS CHY/STATE ZIP CODE
THE N	AMES OF THE DIRECTORS ARE:
NAME	STREET ADDRESS CITY/STATE. ZIP CODE
······································	
NAME	STREET ADDRESS CITY/STATE ZEP CODE
NAME	STREET ADDRESS CITY/STATE //2 CODE
	STREET ADDRESS CITY/STATE ZIP CODE
	
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
400 NO PAR VA	Number of Shares Class / Series Common 600 NO PAR VAL COMMON o reports for both categories
Same is previou	a reports for both integories
,	
	
Date	Bv:
,1)	JUD, H. HARRICON PIND
io— 21. 175	
0m 3t 1.95	TITLE OF OFFICER SIGNING
	STERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agen	t indicated below is incorrect, Form 9 must be filed.

JOEL H. HARRISON, DMD 230 AIRPORT ROAD WARWICK RI 02866 PAID MAR 2 1 1995

SECRETARY OF STATE

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

File Annually ELC, Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Address and telephone of the procept of the process	Corporate ID:	Annual Report for the year:
Federal Trapping Metal Inclosion Number For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address and telephone number of principal office For fortegin entity, address of the principal office of humans entity in Rhode File For fortegin entity of the principal office of humans entity in Rhode For fortegin entity of the principal office of humans entity in Rhode For fortegin entity of the principal office of humans entity in Rhode For fortegin entity of the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in Rhode Island For office in the character of business conducted in R	Name of Business Entity:	Joel H. Harrison, D.M.D., Ltd.
February and the information Number	Business entity organized under the laws of the State of	Business Entity is (check one)
CONTENTION OF THE NAMES OF THE OFFICERS ARE: THE NAMES OF THE		[1] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone Address and telephone of the procupal office of business entay in Rhode Island (Provide street address - No. P.O. Box) J. D. AIRPORT R.D. WARWICK R. D. DETTY Date of Organization. 1440 5 1/3 81 Thome 1481 13324117 Date of Organization to do huminess in Rhode Island: 1470 5 1/3 81 Date of Organization to do huminess in Rhode Island of foreign entity). The NAMES OF THE OFFICERS ARE: CONSTRUCTION OF THE OFFICERS ARE: CONSTRUCT ADMINISTRATION OF THE OFFICERS	·····	communications may be directed: John H. H. H. H. P. R. Son Ding
State Provide states and the character of business conducted in Rhode Island.	Phone. ()	
CHIEF PROPERTY SCIENCE CHIEF PROPERTY COLUMN STREET ADDRESS CHINATE 170 CM	Island (Provide street address - Not P.O. Box): 230 AIRPORT RD. WARWICK R I - 02889	Date of Organization. 1980 5/13/8/
THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE 7.000 NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES SUTHORIZED (If Applicable) NUMBER 000 CLASS NUMBER 100 CLASS CLAS	THE NAMES OF STREET	THE OFFICERS ARE: LADDELSS GISSIAIR Z-PCODE
THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS STREET ADDRESS STREET ADDRESS CONSTATE 7.5000 NAME STREET ADDRESS CONSTATE 7.5000 NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 600 CLASS NOW 14R SERIES PAR VALUE OR WITHOUT PAR Date 1/25 19 94 By PAR VALUE OR WITHOUT PAR Date 1/25 19 94 By PAR VALUE OR WITHOUT PAR Date 1/25 19 94 By PAR VALUE OR WITHOUT PAR DIRECTORS ARE: CONSTATE 7.5000 CLASS NOW 11R PAR VALUE OR WITHOUT PAR DIRECTORS ARE: 7.5000 CLASS NOW 11R PAR VALUE OR WITHOUT PAR DIRECTORS ARE: 7.5000 CLASS NOW 11R PAR VALUE OR WITHOUT PAR DIRECTORS ARE: 7.5000 CHASTAL TO CONSTATE TO CONSTANT PAR VALUE OR WITHOUT PAR DIRECTORS ARE: 7.5000 CHASTAL TO CONSTANT TO CONSTANT PAR VALUE OR WITHOUT PAR DIRECTORS ARE: 7.5000 CHASTAL TO CONSTANT TO CONSTANT PAR VALUE OR WITHOUT PAR DIRECTORS ARE: 7.5000 TO CONSTANT TO CON	☐ CHIEF OPERATING OPTICES OR ☐ VICE (RESIDENT, Check Civi) STREET	
THE NAMES OF THE DIRECTORS ARE: STREET ACROSS CINSTATE 7.FCCO SAME NUMBER OF SHARES INSUED AND OUTSTANDING (If Applicable) NUMBER 600 NUMBER 700 CLASS NUMBER 700 TO NUMBER 700 CLASS NUMBER 700 CLASS NUMBER 700 TO NUMB	THE TOTAL OF THE STATE OF THE S	HAPRESON DMD 130 AIRPORT PD. WHITCH
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NUMBER 600 CLASS NONTAR CLASS NONTAR SERIES PAR VALUE OR NONTAR WITHOUT PAR Date 1/29 19 94 By Del H. Harrison Date FEB 2 4 1994 FILED FROM 31 1994 FILED FOR 31 1994 FILED FOR 31 1994 FOR	· · · · · · · · · · · · · · · · · · ·	
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Date 1/29 1994 FEB 2 4 1994 By WITHOUT PAR WITHOUT PAR WITHOUT PAR By President ITHE ON OFFICE SECOND FROM DELTA SECOND	SERIES	SERIES
FEB 2 4 1994 By Ch 155 Form 31 1784	W 920 1 1/1 L	***************************************
FEB 2 4 1994 By Ch 155 Form 31 1784	Date	Jel 4. Hr map
	FEB 2 4 1994 By 00 75	President
		IDENT AGENT FOR SERVICE OF PROCESS:

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION IMPROPER MAIN STREET

State at St	CORPORATION NORTH N	nd Jarovidence Alantations DNS DIVISION MAIN STREET ODE ISLAND 02903	PUP 3409
Corporate ID 0015683		Annual Report for the ye	ar 1993
FIRST: The name of the corpo	oration is	Joel H. Harrison, D	M.D., Ltd.
SECOND: It is incorporated un	nder the laws of	Rhode Island	
THIRD: Character of business	, briefly stated, is	Ord- Maxillo facial Sun	yeng Practice
FOURTH: If foreign corporation	on, address of its prin	ncipal office	······································
FIFTH: Business address in Rh	node Island	230 Airport Rd, W	arwick, P.J. 02889
SIXTH: Names and addresses	of its directors and o	fficers: Address (including number	(Attach rider if necessary)
	Director		
	Director		
	Director		
Jul H. Harrison, O.M.	President	185 Howeysuckle Rd.	Warwick Rt 02888
Shine	Vice President	Same	
Same	Secretary	Same	
Same	Treasurer	Same	
SEVENTH: Number of Shares	authorized:		Par Value
No. of Shares 10000	Class	Series PAID	or statement that shares are without par value (100)
		MAR 0 1 1993	
EIGHTH: Number of Shares is	sued:	SEC'Y OF STATE	Par Value
No of Shares 1000	Class	Series	or statement that shares are without par value [0 0
Dated 2/23	19 93	Joel H. Harrison D	MD LTD
			7
(Report must be signed by an	officer) Titl	e Jul 4. Hums	

50.00 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

1992 Annual Report for the year

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 maxillofactal

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:

Par Value or statement that shares are without par value

600

No. of Shares

DEC 1 0 1992

shares are without par

Eighth: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without

none

Dated:

February

19 92

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

(Name of Corporation)

Ву

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

Carm 21 1/86

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	0015683	PROVIDENC	e, knobe island An	nual Report fo	r the year	199)	
First:	The name of the corpor	ration isJo					•
SECOND:	It is incorporated unc	der the laws of	f Rhode Is	land			•
oral s	Character of business, urgeon in a pra l lawful activi	ctice lim	ited to or	al and max	illofac	ial surgery,	
Fourth:	If foreign corporation	n, address of it	s principal offic	:e			•
Г І Г ТН:	Business address in Rho	ode Island2.	30 Airport	Road, War	wick. R	ode Island	
Ѕіхтн:	Names and addresses o	f its directors a		Address (includ	ling number, stree	(Attach rider if necessary	· ')
	Harrison, D.M.D	Discourse		irport Roa	dWarw:	ick, Rhode Isl	and
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director			•••••		
Joel H.	Harrison, D.M.D.	Presiden	t2.3.0A	irportRoa	d,Warw:	ick,RhodeIsl	and
Joel H.	Harrison, D.M.D	Vice Pre	sident2.3.0A	irport Roa	d, Warw	ick, Rhode Isl	and.
Joel H.	Harrison, D.M.D	Secretary	y .230A	irport Roa	d, Warw	ick, Rhode Isl	and
Joel H.	Harrison, D.M.D	Treasure	er2.3.0A	irport Roa	.d.,Warw:	ick, Rhode Isl	and
Seventh	: Number of Shares a	uthorized:				Par Value or statement that	
No. of Sha	ares (Class		Series		shares are without par value	
600			Car	90645	5	Shares are wit	hout
Еібнтн:	Number of Shares iss	ued:	Rec'd & File	90645 DEC 10	1992	par Value Par Value or statement that	
No. of Sha	ares (Class		Series		shares are without par value	
None	:						
DatedNove	mber	199.2	(Name of Corpora	ition)		. Ltd.	
(D.	aport must be signed by an e	officer)	By				••

Form 31 1/85

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	ır1990
First:	The name of the corporation	on is	Joel H. Harrison, D.	M.D., Ltd.
Second	: It is incorporated under	the laws ofR	hode Island endering professional	services as an oral
THIRD:	Character of business, brie	fly stated, is	urgeon in a practice l activities related	limited to oral and
Fourth	: If foreign corporation, ac	ddress of its prin	cipal office	······································
Г іғтн:	Business address in Rhode	Island 2.30 A	irport Road, Warwick,	Rhode Island.
	Names and addresses of its	Office	Micers: Address (including number 230 Airport Road Warwick, Rhode Islan	
	Harrison, DMD	D :	Marwick, Miloue Istain	<u>u</u>
			230 Airport Road	
Joel H.	Harrison, DMD	President	Warwick, Rhode Island 230 Airport Road	đ
Joel H.	Harrison, DMD	Vice President	Warwick, Rhode Islan One Park Row	d
Jay S. (Goodman, Esq.	Secretary	Providence, Rhode Is 230 Airport Road	land
.Joel H.	Harrison, DMD	Treasurer	Warwick, Rhode Islan	đ
SEVENTE No. of Sh		orized:	Series	Par Value or statement that shares are without par value
600	0			shares are without par value
			PAID	pur varus
Еіснтн:	Number of Shares issued	:	MAR 27 1990	Par Value or statement that
No. of Sh	ares Class		PAID MAR 27 1990 SECY. OF STATE	shares are without par value
no	ne ·		550 1.	,
DatedJai	nuary 19	(Na	Joel H. Harrison, DMD,	
		Ву	ing 5. Goodu	
(R	eport must be signed by an office		le Secretary	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	0015683	.,.,,	Annual R	eport for t	he year 198	39
First:	The name of the corporatio	n is	Joel H. Harri	son, D	.M.D., Lto	1.
Second:	It is incorporated under t	he laws of	Rhode Island			
Third:	Character of business, brief	ly stated, is	renderingpro	fession	nal servi	cesasan
oral and	maxillofacial sur	gery, ar	nd all lawful	activi	tes relate	ed thereto.
Fourth:	If foreign corporation, ad	dress of its 1	principal office			
Г ІРТН:	Business address in Rhode	Island 230) Airport Road	l, Warw	ick, Rhode	e Island
Ѕіхтн:	Names and addresses of its	directors an		dress (including	(Atta ; number, street, zip c	ch rider if necessary)
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 Presid	dent 230 Airport	Road,	Warwick,	Rhode Island
Jav S. G	oodman. Esquire	. Secretary	One Park Ro	w, Pro	vidence,	Rhode Island
	W	. Treasurer	230 Airport	Road,	Warwick,	Rhode Island
Seventh						ar Value tement that
No. of Sha	ares Class		Series			are without ar value
600						are without value
Еіснтн:	Number of Shares issued:		PA	(ID	P ₂ or sta	ar Value tement that
No. of Sha	ares Class		Series	27 1990	shares p	are without ar value
None			PA SEC'Y	OF ST	ATF	
Dated Mar	rch 23 19	90	Joel H. Harr (Name of Corporation)	cison,	D.M.D., L	******************************
			By Jay 5. C	road	n_	
(Re	eport must be signed by an office	r)	•			

Form 31 1/85

1

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	4989-1183
First:	The name of the corpor	ation is	* 1 11 11 11 11 11		
Second	: It is incorporated und	er the laws of	Rhode Island		
THIRD:			rendering profess	sional se	rvices as an oral
surgeon	in a practice lin ctivities related	mited to on	ral and maxillofac	cial surg	ery, and all
Г ІГТН:	Business address in Rho	de Island			
Ѕіхтн:	Names and addresses of	f its directors an		icluding number, str	(Attach rider if necessary)
Joel H.	Harrison, D.M.D	Director	230 Airport R	oad, Warw	ick, RI
••••		Director			
		Director			
Joel H.	Harrison, D.M.D	· President	230 Airport R	oad, Warw	ick, RI
Joel H.	Harrison, D.M.D	· Vice Presi	dent 230 Airport R	oad, Warw	rick, RI
Jay S.	Goodman, Esq.	Secretary	One Park Row,	Provider	ice, RI
Joel H.	Harrison, D.M.D	Treasurer	230 Airport R	oad. Warw	ick, RI
SEVENT			Senes		Par Value or statement that shares are without
No. of S 600	·····	Class	senes	Shares par va	par value s are without alue
Еіднтн	: Number of Shares iss	ued:	ار در در این ماهندی میران		Par Value or statement that
No. of S	hares (Class	Series 💽 🏑 👸	8 9	shares are without par value
Non	е		Marin Si	i" . ·	
Dated Jan	uary 31,	19 .89	Joel H. Harrison (Name of Corporation) By		***************************************
(1	Report must be signed by an o	officer)	Title Secretary		

d

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

Corporate ID15683.	•••••	Annual Report for the	year 1987
FIRST: The name	of the corporation isJo	el.HHarrison, D.M.D., Ltd	
THIRD: Character	of business, briefly stated, i	Rhode Island dering professional ser s.surgeon in a practice lawful activities rela	vices as an oral
FOURTH: If foreig	n corporation, address of its	s principal office	
FIFTH: Business ac	ddress in Rhode Island	2.3.0AirportRoad.,Warw	ick, RI
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary)
Joel H. Harri	.sonD.M.D. Director	23.0AirportRoad,W	arwickRI
	Director		•••••
······································	Director		
Joel H. Harri	son, D.M.D. President	2.30AirportRoad	Warwick, RI
	Vice Pres	ident	
	.nSecretary		
	Treasurer		
SEVENTH: Numbe	r of Shares authorized:	Series	Par Value or statement that shares are without par value
600	Common	PAID	no par value
Eіднтн: Number	of Shares issued:	MAR 06 1987	Par Value or statement that
No. of Shares	Class	SEC'Y. OF STA	
600	Common	GLO V	no par value
Dated February	19 8 7	Joel H. Harrison, D.M. (Name of Corporation)	\sim ()
		By S. Goodman	S. Crovdin
(Report must be	signed by an officer)	Title Secretary	•••••••••••••••••••••••••••••••••••••••

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	e of the corporation is.	Joel H,	Harrison, D.M	1.D., Ltd.			
SECOND: It is inc	corporated under the la	iws of	Rhode Is	sland			
THIRD: Characte	r of business, briefly st	ated, is	······································				
Fourth: If foreign	gn corporation, addres	s of its princi	pal office				
Fifth: Business a	address in Rhode Island	d 230 A	irport Road.	Warwick, Rhode Island			
SIXTH: Names an	nd addresses of its direc	ctors and office		(Attach rider if necessary)			
Joel H. Harr	ison, D.M.D. Dir	ector	230 Airpor	tRoad,WarwickRI02888			
	Dir	ector					
	Dir	ector	······	······			
Joel H. Harr	ison, D.M.D. Pre	sident	•••••				
	Vic	e President	•••••				
Jay S. Goodma	an, Esq. Sec	retary	One Park Row	Providence, RI			
	Tre	asurer	······································				
	er of Shares authorized			Par Value or statement that shares are without			
No. of Shares	Class	0/£Ü	Series	par value			
600	Common	98/96/20	" " " " " " " " " " " " " " " " " " "	no par value			
Eighth: Number	of Shares issued:	3,50	•	Par Value			
No of Shares	Class	3	Series	or statement that shares are without par value			
600	Common	ANRE 04 04 04 04 04 04 04 04 04 04 04 04 04		no par value			
DatedFebruary2	28 1986	/ 1061	HHarriso	n, D.M.D. Ltd.			
	e signed by an officer)	Title	Ja Secretary	y S. Goodman			

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 #1568	3 A i	nnual Report for the y	ear 1985
FIRST: The name of	the corporation is	JOEL H. HARRI	SON, D.M.D., LTD.
SECOND: It is incor		aws of Rhode Is	Sland
THIRD: Character of as an oral surgeon in a and all lawful activiti as amended Fourth: If foreign	practice limit es related ther	ated, is rendering ed to oral and meto, pursuant to	professional services maxillofacial surgery, o all the provisions of
FIFTH: Business ad	dress in Rhode Isla		vill be mailed to this
address)			
		rectors and officers:	
(Addresses r	must include street and	number, if any)	
Name	Office	Ad	dress
Joel H. Harrison,	DMD Director	37 Tashmoo Way	, Pawtucket, RI
	Director		
	Director		
Joel H. Harrison, D	MD President	37 Tashmoo Way	, Pawt., RI
Joel H. Harrison,	DMD Vice Presiden	it . " . "".	n n
Jay S. Goodman	Secretary		Prov., RI
Joel H. Harrison,	DMD Treasurer		y, Pawt., RI
SEVENTH: Number	of Shares authoriz	æd:	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
600	common		no par
EIGHTH: Number o	f Shares issued:	Series	Par Value or statement that shares are without par value
100	common		no par
Dated: October 2,	19 85 27/28/ES PA Ti	Y /	Son, D.M.D., LTD. (Stadman

<u>-11 -11</u>

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

5.6

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

Ţ Annual Report for the year 1984 FIRST: The name of the corporation is Joel H. Harrison, D.M.D., Ltd. Rhode Island SECOND: It is incorporated under the laws of 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) 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) Par Value or statement that shares are without par value SEVENTH: Number of Shares authorized: No. of Shares Class Series 600 Common Shares are without par value Par Value or statement that shares are without par value EIGHTH: Number of Shares issued: No. of Shares Series None Dated: Joel H. Harrison, D.M.D., Ltd. _(Name of Corporation) /3 (Report must be signed by an officer)

If the corporation has changed its registered diffice and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filling 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 a

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

ime Office Address

Joel H. Harrison, D.M.DDirector

37 Tashmoo Way, Pawtucket, RI

Director

Director

Joel H. Harrison, D.M.DPresident

37 Tashmoo Way, Pawtucket, RI

Joel H. Harrison, D.M.DVice President 37 Tashmoo Way, Pawtucket, RI

Jay S. Goodman, Esq.

Secretary

11 Park Row, Providence, RI

Joel H. Harrison, D.M.DTreasurer (if additional space is needed, attach rider)

37 Tashmoo Way, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

600

Common

Par Value or statement that shares are without par value

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

31 83

Dated: May 23

19.83

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

(Name of Corporation)

i Jay S

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 C	or the SEC	KETA	KY OF S	TATE	•		
			1	Annual	Report fo	r the y	ear 1982		
	First: Th	e name of the	corporation i	s Joe	l H. Har	rison,	D.M.D.,	Ltd.	
			·						
	SECOND:	It is incorpora	ted under the	laws of	Rhode	Isla	nd		
	THIRD: C	haracter of bu	siness, briefly	stated,	is rend	ering	professio	nal_se	rvices
	all lawful	geon in a p activities If foreign cor	related t	hereto	.			ial su	rgery,
,	FIFTH: В	usiness addres	s in Rhode I	sland (blank rep	orts wi	ll be mailed	to this	
add	ress) Eleve	n Park Row,	Providenc	e, RI.	02903				
	SIXTH: N	ames and add	resses of its	director	rs and offi	cers:			
		(Addresses mus	t include street ar	nd numbe	r, if any)				
	Na	me	Office			Add	ress		
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 Presid	ent ³⁷	Tashmoo	Way,	Pawtucket	, RI	
Jay S. (Goodman, E	sq.	Secretary	Ele	even Par	k Row,	, Providen	cc.RI	
	Harrison,	D.M.D. is needed, attac	. Treasurer h rider)	37	Tashmoo	Way,	Pawtucket	., RI.	
	SEVENTH:	Number of S	Shares author	ized :			Par Value or statement		
	No. of Share:	•	Class		Series		shares are wit par value	hout	
	600	C	Common				shares par val		thout
	Еіднтн:	Number of Sh	ares issued:				Par Value or statement	that	
	No. of Share	i	Class		Series		shares are wit par value		
	None			9 27			SEP	29 19	32
Dat	ted: Septe	mber 24	19 82		el H. Ha		n, D.M.D.,	Ltd.	
				By20A Tide	Secreta	ry .			
			;	•	W		ed by an office	er)	
					1_				

If the corporation has changed its registered agent,

Form #9 must be filed, Please contact Corpo Poivision for Information, 277-3040 Form 31 — 10-51