

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No. 125384	2 Name of Corporation Ernesto A. Pied	2 Name of Corporation Ernesto A. Piedra, D.D.S., LTD.				
3 Street Address Principal Business C			City	State	Zιp	
12 BREAKNECK HILL ROAD			LINCOLN	RT	02865	
4 Business Phone No		5 State of Incorporation			6 SIC Code	
401-727-2460 RHODE ISLAND						
7 Brief Description of the Character of PROFESSIONAL SERVICE	of Business Conducted in F CES FOR A DENTAL	trode Island PRACTICE				
R. NAMES AND ADDRESSES	OF THE OFFICERS.	C"Y" ROY FOR ATT	ACHMENT) — BILLIN	I SPACES BEFORE USIN	C ATTACHMENTS	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			Yice President Name	STACES BEFORE OSIN	O ATTACIMENTS	
ERNESTO & PIEDRA			NONE			
Street Address			Street Address			
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LINCOLN	RI	J0.2865				
Secretary Name			Treasurer Name			
NONE Street Address			NONE Street Address			
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City	State	Zip	City	State	Zip	
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9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) [] FILL	IN SPACES BEFORE US	ING ATTACHMENTS	
Director Name			Director Name			
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Street Address			Street Address			
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Director Name	.t	.J	Director Name			
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(.it)	State	Zip	City	State	Zip	
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [ AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be s	s <b>igned in ink</b> by eith	er the President, Vice I	President, Secretary, Assis	tant Secretary, Treasurer	; Receiver or Trustee	
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By:	<del></del>		Print or Type Name			
FOR SECRETARY OF STA	ATE USE ONLY		The	INUNT		
- CRADERLIAN OF ST	THE COLL VEYER	_	Title of Officer		Earn 420 D 1202	
					Form 630 Rev. 12/03	



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401.222.3040

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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation Emesto A. Piedra, D.D.S., LTD 3. Street Address Principal Business Office State 02865 12 Breakneck Hill Road Lincoln RI 6. SIC Code 7 Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL SERVICES FOR A DENTAL PRACTICE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Ernesto A. Piedra None Street Address Street Address 12 Breakneck Hill Road State RI State 02865 Lincoln retary Name Treasurer Name None None Street Address Street Address Gliv State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City Zф State Zψ City None None Street Address Street Address City Zip ZIP. City State 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 Par Value ClusySeries 2,000 COMM NO PAR VALUE None This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying settedules and statements, and that all statements contained herein are frue and extrect Print or Type Name of Officer てノロマレン FOR SECRETARY OF STATE USE ONLY

Title of Officer



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

STOP PILAM. READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 125384 Ernesto A. Piedra, D.D.S., LTD. 3. Street Address Principal Business Office 12 Breakneck Hill Road 02865 Lincoln RI 4. Business Phone No. 40±-727-2460 S. State of Incorporation 6. SIC Code **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island Professional services for a dental practice and all associated activities 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Vice President Name NONE President Name to A. Piedra Street Address 12 Breakneck Hill Road City State Zip ^{ZIP}02865 Secrito ON Pre Treasurer NONE Street Address Street Address City State ZIp City State Zip FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DINONE NONE Street Address Street Address DITHONE Street Address Street Address City State Zip Zip City State

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

ISSURED SHARES

NONE

Number of Shares

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File Date:	3,75.03
Check No.:	9909
By:	100
FOR SECRETARY OF	STATE USE ONLY

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

Class/Series

Par Value

AUTHORIZED SHARES

2,000 COMM NO PAR VALUE

Number of Shares

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 hereid are true and correct.

Signature of Officer

Print or Type Name of Officer

Print or Type Name of Officer

This of Officer

Form 630 12/02

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

Class/Series

Par Value