



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99985		2. Name of Corporation Aspen Dental Associates of New England, P.C., Inc.	
3. Street Address Principal Business Office 1775 BALD HILL ROAD CORAL RIDGE PLAZA		City WARWICK	State RI
4. Business Phone No. 4018221866		5. State of Incorporation RHODE ISLAND	6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT A DENTAL PRACTICE.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Isam F. Hamati			Vice President Name None		
Street Address Coral Ridge Plaza, 1775 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Isam F. Hamati			Treasurer Name Isam F. Hamati		
Street Address Coral Ridge Plaza, 1775 Bald Hill Road			Street Address Coral Ridge Plaza, 1775 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Isam F. Hamati			Director Name		
Street Address Coral Ridge Plaza, 1775 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	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
8,000 \$0.01 PAR VALUE			100	Common	\$.01

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



9 9 9 8 5

99985 DBC 04/07/05 10:48:20 AM
File Date <u>6-16-05</u>
Check No. <u>2477</u>
By: <u>[Signature]</u>
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] 6-15-05
Signature of Officer Date
Isam F. Hamati
Print or Type Name of Officer
President
Title of Officer
Form 630 12/01



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 IN BLACK)

1. Corporate ID No. 99985		2. Name of Corporation Aspen Dental Associates of New England, P.C., Inc.			
3. Street Address Principal Business Office 1775 BALD HILL ROAD CORAL RIDGE PLAZA			City WARWICK	State RI	Zip 02886-
4. Business Phone No. (401) 822-1866		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT A DENTAL PRACTICE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Runjan Seth, D.M.D.			Vice President Name NONE		
Street Address Coral Ridge Plaza, 1775 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Runjan Seth, D.M.D.			Treasurer Name Runjan Seth, D.M.D.		
Street Address Coral Ridge Plaza, 1775 Bald Hill Road			Street Address Coral Ridge Plaza, 1775 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Runjan Seth, D.M.D.			Director Name		
Street Address Coral Ridge Plaza, 1775 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	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
8,000	\$0.01 PAR VALUE		100	Common	\$0.01 par

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



9 9 9 8 5

99985 DBC 01/09/04 10:45:10 AM

File Date **FILED**

Check No. **MAR 11 2004**

By: **1023455**
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

Runjan Seth, D.M.D.

Print or Type Name of Officer

President

Title of Officer

3/10/04
Date



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.

99985

2. Name of Corporation

Aspen Dental Associates of New England, P.C., Inc.

3. Street Address Principal Business Office

Coral Ridge Plaza, 1775 Bald Hill Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

(401) 822-1866

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

Conduct dental practice

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

President Name

Runjan Seth D.M.D.

Vice President Name

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Runjan Seth D.M.D.

Treasurer Name

Runjan Seth D.M.D.

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

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

Director Name

Runjan Seth D.M.D.

Director Name

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

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

8,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$.01 Par Value

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



* 9 9 9 8 5 *

File Date: 3.3.03

Check No.: 2216

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

Runjan Seth D.M.D.

Date

2/28/03

Print or Type Name of Officer

President

Title of Officer

2003 annual

ASPEN DENTAL ASSOCIATES OF NEW ENGLAND, P.C., INC.

SOLE SHAREHOLDER'S ACTION BY WRITTEN CONSENT
IN LIEU OF 2002 ANNUAL MEETING

Pursuant to the authority of Section 7-1.1-30.3 of the Rhode Island Business Corporation Act, the undersigned, being the sole shareholder of Aspen Dental Associates of New England, P.C., Inc., a Rhode Island professional corporation (the "Corporation"), hereby consents to adoption of the following resolutions for and on behalf of the Corporation:

WHEREAS, the sole shareholder of the Corporation has reviewed with the sole Director of the Corporation the acts and proceedings of the Directors since the date of the last annual meeting of sole shareholder or sole shareholder's action in lieu thereof.

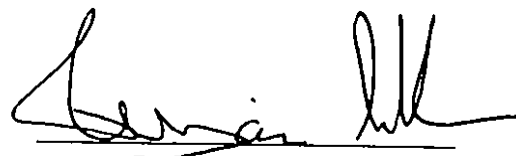
NOW THEREFORE BE IT:

RESOLVED: That the acts and proceedings of the sole Director of the Corporation from the date of the last annual meeting of the sole shareholder or sole shareholder's action in lieu thereof through the date hereof as reflected in the minutes of the Corporation and as reviewed with such sole Director be, and the same hereby are, ratified; and it is further

RESOLVED: That the number of directors to serve as the Board of Directors of the Corporation is hereby set at one, and that the following person be, and hereby is, elected to serve as the sole Director of the Corporation until the next annual meeting of the sole shareholder or sole shareholder's action in lieu thereof, and until his successor is duly elected and qualified:

Runjan Seth, D.M.D.

IN WITNESS WHEREOF, the undersigned has executed this Consent as of the 28th day of February, 2003.


Runjan Seth, D.M.D.

ASPEN DENTAL ASSOCIATES OF NEW ENGLAND, P.C., INC.

DIRECTOR'S ACTION BY WRITTEN CONSENT
IN LIEU OF 2002 ANNUAL MEETING

Pursuant to the authority of Section 7-1.1-39.1 of the Rhode Island Business Corporation Act, the undersigned, being the sole member of the Board of Directors of Aspen Dental Associates of New England, P.C., Inc., a Rhode Island professional corporation (the "Corporation"), hereby consents to the adoption of the following resolutions for and on behalf of the Corporation:

WHEREAS, the Sole Director of the Corporation is familiar with the books and records of the Corporation and has reviewed with the officers of the Corporation the acts and proceedings of the officers since the date of the last annual meeting of the Sole Directors or Sole Director's action in lieu thereof.

NOW THEREFORE BE IT:

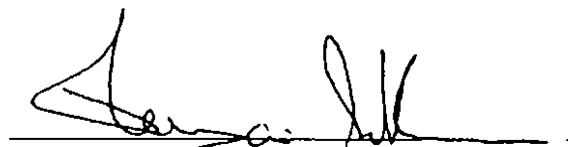
RESOLVED: That the acts and proceedings of the officers of the Corporation from the date of the last annual meeting of the Sole Director or Sole Director's action in lieu thereof through the date hereof as reflected in the books and records of the Corporation and as reviewed with such officers be, and the same hereby are, ratified, confirmed and approved as the duly authorized acts of the Corporation; and it is further

RESOLVED: That the following person be, and hereby is, elected to serve as an officer of the Corporation, to serve at the pleasure of the Sole Director in the capacities indicated below, until the next annual meeting of the Sole Director or Sole Director's action in lieu thereof, and until his successor is duly elected and qualified:

President and Secretary
Treasurer

Runjan Seth, D.M.D.
Runjan Seth, D.M.D.

IN WITNESS WHEREOF, the undersigned has executed this Consent as of the 28th day of February, 2003.


Runjan Seth, D.M.D.



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

2002



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

99985

2. Name of Corporation

Aspen Dental Associates of New England, P.C., Inc.

3. Street Address Principal Business Office

Coral Ridge Plaza, 1775 Bald Hill Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

(401) 822-1866

5. State of Incorporation

Rhode Island

6. SIC Code

9233

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

Conduct dental practice.

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

President Name

Runjan Seth D.M.D.

Vice President Name

None

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Runjan Seth D.M.D.

Treasurer Name

Runjan Seth D.M.D.

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

City

Warwick

State

RI

Zip

02886

City

State

Zip

Warwick

RI

02886

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

Director Name

Runjan Seth D.M.D.

Director Name

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

02886

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

8,000 SHS \$.01 Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$.01

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

File Date: 3-7-02

Check No.: 2137

By: RMF

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

Date

Runjan Seth D.M.D.

Print or Type Name of Officer

President

Title of 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



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.

99985

2. Name of Corporation

Aspen Dental Associates of New England, P.C., Inc.

3. Street Address, Principal Business Office

Coral Ridge Plaza, 1775 Bald Hill Road

City
Warwick

State
RI

Zip
02886

4. Business Phone No.
401-822-1866

5. State of Incorporation

RHODE ISLAND

6. SIC Code
9233

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

Conduct dental practice.

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

President Name

Runjan Seth, D.M.D.

Vice President Name

None

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

2886

City

State

Zip

Secretary Name

Runjan Seth, D.M.D.

Treasurer Name

Runjan Seth, D.M.D.

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

City

Warwick

State

RI

Zip

2886

City

State

Zip

2886

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

Director Name

Runjan Seth, D.M.D.

Director Name

Street Address

Coral Ridge Plaza, 1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

2886

City

State

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

8,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

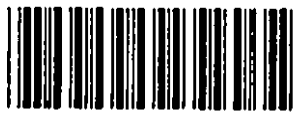
Par Value

100

Common

\$.01

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



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File Date: 3/9/2001

Check No: 2070

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

Date

Runjan Seth, D.M.D.

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.

99985

2. Name of Corporation

Aspen Dental Associates of New England, P.C., Inc.

3. Street Address Principal Business Office

1775 Bald Hill Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

Dental practice

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

President Name

Runjan Seth

Vice President Name

Street Address

1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Runjan Seth

Treasurer Name

Runjan Seth

Street Address

1775 Bald Hill Road

Street Address

1775 Bald Hill Road

City

Warwick

State

RI

Zip

02886

City

State

Zip

Warwick

RI

02886

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

Director Name

Runjan Seth

Director Name

Street Address

1775 Bald Hill Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

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

8,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$.01 Par Value

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



* 9 9 9 8 5 *

File Date: **FILED**

Check No.: **MAR 09 2000**

By: **Runjan Seth**

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

Date

Runjan Seth

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 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99985 2. Name of Corporation

~~0000175~~ Aspen Dental Associates of New England, P.C., Inc.

3. Street Address Principal Business Office

124 Northern Lights Drive

City

Syracuse

State

NY

Zip

13212

4. Business Phone No.

(315) 455-2411

5. State of Incorporation

Rhode Island

6. SIC Code

9233

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

Dental Office

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

President Name

Runjan Seth

Vice President Name

None

Street Address

35 Northhampton Avenue

Street Address

City

Boston

State

MA

Zip

02118

City

State

Zip

Secretary Name

Runjan Seth

Treasurer Name

Runjan Seth

Street Address

35 Northhampton Avenue

Street Address

35 Northhampton Avenue

City

Boston

State

MA

Zip

02118

City

Boston

State

MA

Zip

02118

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

Director Name

Runjan Seth

Director Name

None

Street Address

35 Northhampton Avenue

Street Address

City

Boston

State

MA

Zip

02118

City

State

Zip

Director Name

None

Director Name

None

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

8,000

Common

.01

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

.01

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

File Date: Mar 1 1999

Check No.: 1908

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

Date

Runjan Seth

Print or Type Name of Officer

President

Title of Officer