



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1 Corporate ID No. (38486), 2 Name of Corporation (Walter Lada, Jr., DMD, LTD.), 3 Street Address (351 Budlong Road), 4 Business Phone No. (401-942-4350), 5 State of Incorporation (RHODE ISLAND), 6 SIC Code (9233), 7 Brief Description of the Character of Business (FAMILY DENTISTRY), 8. NAMES AND ADDRESSES OF THE OFFICERS (President, Vice President, Secretary, Treasurer), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (600 NO PAR VALUE), 11. SHARES ISSUED (100 Common No Par.).

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



38486

File Date: 3/9/05
Check No.: 8708
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: 3-6-05
Walter Lada, Jr.
President



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. 38486		2. Name of Corporation Walter Lada, Jr., DMD, LTD.			
3. Street Address Principal Business Office 351 Budlong Road			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-942-4350		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233	
7. Brief Description of the Character of Business Conducted in Rhode Island FAMILY DENTISTRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter Lada, Jr.			Vice President Name Walter Lada, jr.		
Street Address 351 Budlong Road			Street Address 351 Budlong Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Walter Lada, Jr.			Treasurer Name Walter Lada, Jr.		
Street Address Same as above			Street Address Same as above		
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 Walter Lada, Jr.			Director Name		
Street Address Same as above			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) <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
600 NO PAR VALUE			100	Common	No Par

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



* 3 8 4 8 6 *

File Date 3/9/04
Check No. 8560
By: W.
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 Walter Lada, Jr. Date 3.1.04
Print or Type Name of Officer
Walter Lada, Jr.
President
Title of Officer



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. **38486** 2. Name of Corporation **Walter Lada, Jr., DMD, LTD.**
3. Street Address Principal Business Office **351 Budlong Road** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-942-4350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island

Family dentistry

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

President Name	Vice President Name
Walter Lada, Jr.	Walter Lada, Jr.
Street Address	Street Address
351 Budlong Road	351 Budlong Road
City State Zip	City State Zip
Cranston RI 02920	Cranston RI 02920
Secretary Name	Treasurer Name
Walter Lada, Jr.	Walter Lada, Jr.
Street Address	Street Address
Same as above	Same as above
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
Walter Lada, Jr.	
Street Address	Street Address
Same as above	
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	Class/Series	Par Value
Number of Shares		
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	No Par

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



File Date: 3-4-03
Check No.: 8382
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: 3-1-03
Print or Type Name of Officer: Walter Lada, Jr.
Title of Officer: President



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 **38486**
2. Name of Corporation **Walter Lada, Jr., DMD, ITD.**
3. Street Address Principal Business Office
351 Budlong Road
4. Business Phone No **401-942-4350**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Family dentistry

City **Cranston** State **RI** Zip **02920**
6. SIC Code **9233**

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

President Name **Walter Lada, Jr.**
Street Address **351 Budlong Road**
City **Cranston** State **RI** Zip **02920**
Secretary Name **Walter Lada, Jr.**
Street Address **Same as above**
City **Cranston** State **RI** Zip **02920**

Vice President Name **Walter Lada, Jr.**
Street Address **351 Budlong Road**
City **Cranston** State **RI** Zip **02920**
Treasurer Name **Walter Lada, Jr.**
Street Address **Same as above**
City **Cranston** State **RI** Zip **02920**

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

Director Name **Walter Lada, Jr.**
Street Address **Same as above**
City **Cranston** State **RI** Zip **02920**

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par

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



* 3 8 4 8 6 *

File Date: 3-15-02

Check No.: 8247

By: WLF

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.

WLF
Signature of Officer Date

Walter Lada, Jr.
Print or Type Name of Officer

President
Title of Officer



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. **38486** 2. Name of Corporation **Walter Lada, Jr., DMD, LTD.**
3. Street Address Principal Business Office **351 Budlong Road** City **Cranston** State **RI** Zip **02920**
4. Business Phone No **401-942-4350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

Family dentistry

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

President Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920 Secretary Name Walter Lada, Jr. Street Address Same as above City _____ State _____ Zip _____	Vice President Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920 Treasurer Name Walter Lada, Jr. Street Address Same as above City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Walter Lada, Jr. Street Address Same as above City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	NO PAR	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par

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



* 3 8 4 8 6 *

File Date: 04-19-01

Check No.: 8493

By: BMF

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: Walter Lada, Jr. Date: 8.20.01

Print or Type Name of Officer: Walter Lada, Jr.

Title of Officer: President



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. **38486** 2. Name of Corporation **Walter Lada, Jr., DMD, LTD.**
3. Street Address Principal Business Office City State Zip
351 Budlong Road Cranston RI 02920
4. Business Phone No. **942-4350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

Family Dentistry

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

President Name Walter Lada, Jr.	Vice President Name Walter Lada, Jr.
Street Address 351 Budlong Road	Street Address 351 Budlong Road
City State Zip Cranston, RI 02920	City State Zip Cranston, RI 02920
Secretary Name Walter Lada, Jr.	Treasurer Name Walter Lada, Jr.
Street Address 351 Budlong Road	Street Address 351 Budlong Road
City State Zip Cranston, RI 02920	City State Zip Cranston, RI 02920

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

Director Name Walter Lada, Jr.	Director Name
Street Address 351 Budlong Road	Street Address
City State Zip Cranston, RI 02920	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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common 10 par

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



* 3 8 4 8 6 *

FILED

File Date: **FEB 07 2000**

Check No. **CC 8015**

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.

Walter Lada, Jr. 1-8-00
Signature of Officer Date

Walter Lada, Jr.

Print or Type Name of Officer

President
Title of Officer



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. **38486** 2. Name of Corporation **Walter Lada, Jr., DMD, ITD.**
3. Street Address Principal Business Office **351 Budlong Road** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **942-4350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island
Family Dentistry

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

President Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920 Secretary Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920	Vice President Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920 Treasurer Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	NO PAR	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par

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



File Date: **FILED**

Check No.: **MAR 30 1999**

By: **By Ce. Jozz**

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.

Walter Lada Jr. 3.1.99
Signature of Officer Date

Walter Lada Jr.
Print or Type Name of Officer

Secretary
Title of Officer

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. **38486** 2. Name of Corporation **Walter Lada, Jr., DMD, ITD.**
3. Street Address Principal Business Office **351 Budlong Road** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 942-4350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island

Dentistry

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

President Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920 Secretary Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920	Vice President Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920 Treasurer Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Walter Lada, Jr. Street Address 351 Budlong Road City Cranston State RI Zip 02920	Director Name Street Address City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

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



File Date: 3/26/98

Check No.: 4205

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]
Signature of Officer _____ Date _____

W. Lada
Print or Type Name of Officer _____

[Signature]
Title of Officer _____



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. **38486** 2. Name of Corporation **Walter Lada, Jr., DMD, LTD.**
3. Street Address Principal Business Office **351 Budlong Road** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 942-4350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

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

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

President Name Walter Lada, Jr.	Vice President Name Walter Lada, Jr.
Street Address 351 Budlong Road	Street Address 351 Budlong Road
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920
Secretary Name Walter Lada, Jr.	Treasurer Name Walter Lada, Jr.
Street Address 351 Budlong Road	Street Address 351 Budlong Road
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

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

Director Name Walter Lada, Jr.	Director Name
Street Address 351 Budlong Road	Street Address
City Cranston State RI Zip 02920	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State 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		100	Common	No Par

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



File Date: 2/14/97
Check No.: 3959
By: [Signature]

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: Walter Lada Jr. Date: 2-10-97
Print or Type Name of Officer: Walter Lada Jr.
Title of Officer: Pres.

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. 38486 2. NAME OF CORPORATION Walter Lada, Jr., DMD, LTD.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE
351 Budlong Road CITY Cranston STATE RI ZIP CODE 02920

4. BUSINESS PHONE NO. (401) 942-4350 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 9233

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

Dentistry

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
<u>Walter Lada, Jr.,</u>	<u>Walter Lada, Jr.</u>
STREET ADDRESS <u>351 Budlong Road</u>	STREET ADDRESS <u>351 Budlong Road</u>
CITY STATE ZIP CODE <u>Cranston RI 02920</u>	CITY STATE ZIP CODE <u>Cranston RI 02920</u>
SECRETARY NAME	TREASURER NAME
<u>Walter Lada, Jr.,</u>	<u>Walter Lada, Jr.</u>
STREET ADDRESS <u>351 Budlong Road</u>	STREET ADDRESS <u>351 Budlong Road</u>
CITY STATE ZIP CODE <u>Cranston RI 02920</u>	CITY STATE ZIP CODE <u>Cranston RI 02920</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
<u>Walter Lada, Jr.</u>	
STREET ADDRESS <u>351 Budlong Road</u>	STREET ADDRESS
CITY STATE ZIP CODE <u>Cranston RI 02920</u>	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

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<u>600</u>	<u>NO PAR</u>		<u>100</u>	<u>Common</u>	<u>No Par Value</u>

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.

Walter Lada Jr.

Signature of Officer

Walter Lada Jr.

Print or Type Name of Officer

File Date: 2-21-96

Check No: 4684

By: [Signature]

For Secretary of State Use Only

Title of Officer

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.

Corporate ID: 0038486 Annual Report for the year: 1995

Name of Corporation: Walter Lada, Jr., DMD, LTD.

Business entity organized under the laws of the State of: Rhode Island
 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)
 GOA

Phone: ()

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

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
351 Budlong Road
Cranston, RI 02920

Phone: 401) 942-4350

THE NAMES OF THE OFFICERS ARE:

OFFICER	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Walter Lada, Jr.	351 Budlong Road, Cranston, RI	02920	
VICE PRESIDENT				
SECRETARY	Walter Lada, Jr.			
TREASURER	Walter Lada, Jr.			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Walter Lada, Jr.			

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
600	Common	100	Common
NO PAR VALUE		NO PAR VALUE	

Date: 2/26/95, 19 95 By: Walter Lada, Jr.

PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING

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.

ANDREW M. GILSTEIN, ESQ.
 155 SOUTH MAIN STREET
 PROVIDENCE RI 02903

FILED
 MAR 07 1995
 BY: 165906/3873

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

0038486

1984

Corporate ID: _____ Annual Report for the year: _____
Walter Lada, Jr., DMD, LTD.

Name of Business Entity: _____

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: _____

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):

351 Budlong Road

Cranston, RI 02920

Phone: (401) 942-4350

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:

Andrew M. Gilstein, Esq.

Armstrong, Gibbons

155 South Main Street

Providence, RI 02903

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

Denistry

Date of Organization: 4/29/86

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 type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Walter Lada, Jr., 351 Budlong Road, Cranston, RI 02920</u>		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>Walter Lada, Jr.</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Walter Lada, Jr.</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Walter Lada, Jr.</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Walter Lada, Jr.</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

Date 2/22/89 19

By: Walter Lada Jr.

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 003848E Annual Report for the year 1993

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office. N/A

FIFTH: Business address in Rhode Island 351 Budlong Road, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
Walter Lada, Jr.	Director	351 Budlong Road, Cranston, RI 02920
	Director	
	Director	
Walter Lada, Jr.	President	
Walter Lada, Jr.	Vice President	
Walter Lada, Jr.	Secretary	
Walter Lada, Jr.	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

EIGHTH: Number of Shares issued:

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

Rec'd & Filed MAR 31 1993
AM 29
3212

Dated 3/23/93 19 93

Walter Lada, Jr., DMD, Ltd.
(Name of Corporation)

By *Walter Lada*

(Report must be signed by an officer)

Title _____

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 0038435 Annual Report for the year 1992

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 35 Budlong Road, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
Walter Lada, Jr.	Director	35 Budlong Road, Cranston, RI 02920
	Director	
	Director	
Walter Lada, Jr.	President	
Walter Lada, Jr.	Vice President	
Walter Lada, Jr.	Secretary	
Walter Lada, Jr.	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

EIGHTH: Number of Shares issued:

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

Rec'd & Filed *Series* MAR 25 1992
WLB

Dated 3.21.92 19

Walter Lada, Jr., DMD, Ltd.
(Name of Corporation)

By Walter Lada Jr.

Title President

(Report must be signed by an officer)

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 003848E

Annual Report for the year 1991

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office N / A

FIFTH: Business address in Rhode Island 35 Budlong Road, Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Walter Lada, Jr. Director 35 Budlong Road, Cranston, RI

Director

Director

Walter Lada, Jr. President

Walter Lada, Jr. Vice President

Walter Lada, Jr. Secretary

Walter Lada, Jr. 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

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

No Par

Rec'd & Filed FEB 13 1991

Dated 2-5-91 19

Walter Lada, Jr., DMD, Ltd.
(Name of Corporation)

By Walter Lada, Jr.

Title

(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

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Corporate ID 0038456 Annual Report for the year 1990

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 35 Budlong Road, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
Walter Lada, Jr.	Director	35 Budlong Road, Cranston, RI
	Director	
	Director	
" " "	President	" " " " "
" " "	Vice President	" " " " "
" " "	Secretary	" " " " "
" " "	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

EIGHTH: Number of Shares issued:

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

PAID
FEB 14 1990
SECY. OF STATE

Dated 2/14/90 19 Walter Lada, Jr., DMD, Ltd.
(Name of Corporation)

By Walter Lada, Jr.

Title Director

(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 0038486 Annual Report for the year 1989

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 35 Budlong Road, Cranston, RI 02920

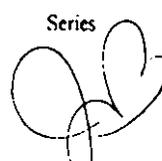
SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Walter Lada, Jr.	Director	35 Budlong Road, Cranston, RI
	Director	
	Director	
" " "	President	" " " " "
" " "	Vice President	" " " " "
" " "	Secretary	" " " " "
" " "	Treasurer	" " " " "

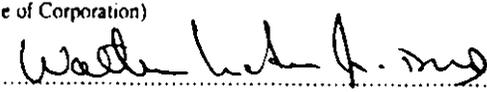
SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	PAID	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 19 89 Walter Lada, Jr., DMD, LTD.
(Name of Corporation)

By 

(Report must be signed by an officer)

Title _____

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 38486 Annual Report for the year 1988

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office. N/A

FIFTH: Business address in Rhode Island 30 Midway Road, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
Walter Lada, Jr.,	Director	351 Budlong Road, Cranston, RI
	Director	
	Director	
" " "	President	" " " " "
	Vice President	
" " "	Secretary	" " " " "
" " "	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

EIGHTH: Number of Shares issued:

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

PAID
MAR 02 1988
SECY OF STATE

Dated 2/18/88 19 88

Walter Lada, Jr., DMD, LTD
(Name of Corporation)

By Walter Lada Jr
Title _____

(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

1165

1/25/87

Corporate ID 38486 Annual Report for the year 1987

FIRST: The name of the corporation is Walter Lada, Jr., DMD, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 30 Midway Road, Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
Walter Lada, Jr.	Director	351 Budlong Road, Cranston, RI
	Director	
	Director	
Walter Lada, Jr.	President	" " " " "
	Vice President	
Walter Lada, Jr.	Secretary	" " " " "
Walter Lada, Jr.	Treasurer	" " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	PAID	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	SECY OF STATE	No Par

Dated 2/23/87 19 87

Walter Lada, Jr., DMD, Ltd.
(Name of Corporation)

By [Signature]
Walter Lada, Jr.

Title President

FEB 25 1987

(Report must be signed by an officer)