



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 143292		2. Exact name of the limited liability company Steven H. Young, DDS, Oral & Maxillofacial Surgery, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO RENDER PROFESSIONAL SERVICES OF DENTISTRY IN RHODE ISLAND	
5. Principal office address 1414 Atwood Avenue, Suite 340		City Johnston	State RI
		Zip 02 919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven H. Young, DDS		Contact Title Manager	
Street Address 1414 Atwood Ave., Suite 340		City Johnston	State RI
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Steven H. Young, DDS		Manager Name	
Street Address 625 Tillinghast Road		Street Address	
City East Greenwich	State RI	City	State
	Zip 02818		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KIM WOONGTAE		Address	
Address 105 SOCKANOSSET CROSS ROAD, SUITE 318		City CRANSTON	Zip 02920

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



FILED

File Date **SEP 07 2005**
Check No. **By M-76-484**
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] 9/2/05
Signature of Authorized Person Date
Steven Young
Print or Type Name of Authorized Person