



**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)

1. Corporate ID No. 100691		2. Name of Corporation Stephen J. Falco, Jr., DMD, P.C. Ltd.			
3. Street Address Principal Business Office 38 State Street			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 245-6131		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE AND PERFORMANCE OF DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen J. Falco, Jr.			Vice President Name Stephen J. Falco, Jr.		
Street Address 10 Lorimar Lane			Street Address 10 Lorimar Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Stephen J. Falco, Jr.			Treasurer Name Stephen J. Falco, Jr.		
Street Address 10 Lorimar Lane			Street Address 10 Lorimar Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen J. Falco, Jr.			Director Name		
Street Address 10 Lorimar Lane			Street Address		
City Rehoboth	State MA	Zip 02769	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
500	NO PAR VALUE		100	Common	NPV

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



File Date 1-27-05  
Check No. 11806  
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

1-19-05  
Date

Print or Type Name of Officer

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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1. Corporate ID No. 100691		2. Name of Corporation Stephen J. Falco, Jr., DMD, P.C. Ltd.			
3. Street Address Principal Business Office 38 State Street			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 245-6131		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE AND PERFORMANCE OF DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen J. Falco, Jr.			Vice President Name Stephen J. Falco, Jr.		
Street Address 10 Lorimar Lane			Street Address 10 Lorimar Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Stephen J. Falco, Jr.			Treasurer Name Stephen J. Falco, Jr.		
Street Address 10 Lorimar Lane			Street Address 10 Lorimar Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen J. Falco, Jr.			Director Name		
Street Address 10 Lorimar Lane			Street Address		
City Rehoboth	State MA	Zip 02769	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
500 NO PAR VALUE	Common	NPV	100	Common	NPV

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



\* 1 0 0 6 9 1 \*

File Date 2/20/04  
Check No. 11319  
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: 12.17.04  
Print of Type Name of Officer: STEPHEN J. FALCO JR DMD  
Title of Officer: PRESIDENT

**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. **100691** 2. Name of Corporation **Stephen J. Falco, Jr., DMD, P.C. Ltd.**  
3. Street Address Principal Business Office **38 State Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **(401) 245-6131** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Dental Services**

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

President Name <b>Stephen J. Falco, Jr.</b>	Vice President Name <b>Stephen J. Falco, Jr.</b>
Street Address <b>10 Lorimar Lane</b>	Street Address <b>10 Lorimar Lane</b>
City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>	City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>
Secretary Name <b>Stephen J. Falco, Jr.</b>	Treasurer Name <b>Stephen J. Falco, Jr.</b>
Street Address <b>10 Lorimar Lane</b>	Street Address <b>10 Lorimar Lane</b>
City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>	City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>

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

Director Name <b>Stephen J. Falco, Jr.</b>	Director Name
Street Address <b>10 Lorimar Lane</b>	Street Address
City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

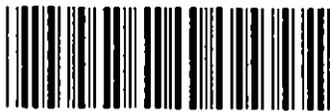
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>500 NO PAR VALUE</b>	<b>Common</b>	<b>NPV</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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



\* 1 0 0 6 9 1 \*

File Date: 1-22-03  
Check No.: 10678  
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: [Signature] Date: 1-20-2003  
Print or Type Name of Officer: STEPHEN J. FALCO, JR., DMD  
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 **100691** 2. Name of Corporation **Stephen J. Falco, Jr., DMD, P.C. Ltd.**  
3. Street Address Principal Business Office **38 State Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No **(401) 245-6131** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Dental Services**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **Stephen J. Falco, Jr.** Vice President Name **Stephen J. Falco, Jr.**  
Street Address **10 Lorimar Lane** Street Address **10 Lorimar Lane**  
City **Rehoboth** State **MA** Zip **02769** City **Rehoboth** State **MA** Zip **02769**

Secretary Name **Stephen J. Falco, Jr.** Treasurer Name **Stephen J. Falco, Jr.**  
Street Address **10 Lorimar Lane** Street Address **10 Lorimar Lane**  
City **Rehoboth** State **MA** Zip **02769** City **Rehoboth** State **MA** Zip **02769**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **Stephen J. Falco, Jr.** Director Name  
Street Address **10 Lorimar Lane** Street Address  
City **Rehoboth** State **MA** Zip **02769** 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 Class/Series Par Value Number of Shares Class/Series Par Value  
**500 NO PAR VALUE Common NPV 100 Common NPV**

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



\* 1 0 0 6 9 1 \*

File Date: 2-27-02  
Check No.: 10185  
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: 12-30-01  
Print or Type Name of Officer: Stephen Falco Jr DMD  
Title of Officer: President



**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. **100691** 2. Name of Corporation **Stephen J. Falco, Jr., DMD, P.C. Ltd.**  
3. Street Address Principal Business Office **38 State Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **245-6131** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Dental Services**

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

President Name <b>Stephen J. Falco, Jr.</b>	Vice President Name <b>Stephen J. Falco, Jr.</b>
Street Address <b>10 Lorimar Lane</b>	Street Address <b>10 Lorimar Lane</b>
City State Zip <b>Rehoboth MA 02769</b>	City State Zip <b>Rehoboth MA 02769</b>
Secretary Name <b>Stephen J. Falco, Jr.</b>	Treasurer Name <b>Stephen J. Falco, Jr.</b>
Street Address <b>10 Lorimar Lane</b>	Street Address <b>10 Lorimar Lane</b>
City State Zip <b>Rehoboth MA 02769</b>	City State Zip <b>Rehoboth MA 02769</b>

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

Director Name <b>Stephen J. Falco, Jr.</b>	Director Name
Street Address <b>10 Lorimar Lane</b>	Street Address
City State Zip <b>Rehoboth MA 02769</b>	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
<b>500 NO PAR VALUE</b>	<b>Common</b>	<b>NPV</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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



\* 1 0 0 6 9 1 \*

File Date: 1/31

Check No.: 9471

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: 1-18-01  
**Stephen J. Falco, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **100691** 2. Name of Corporation **Stephen J. Falco, Jr., DMD, P.C. Ltd.**  
3. Street Address Principal Business Office **38 State Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **245-6131** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Dental Services**

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

President Name <b>Stephen J. Falco, Jr.</b> Street Address <b>10 Lorimar Lane</b> City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>	Vice President Name <b>Stephen J. Falco, Jr.</b> Street Address <b>10 Lorimar Lane</b> City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>
Secretary Name <b>Stephen J. Falco, Jr.</b> Street Address <b>10 Lorimar Lane</b> City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>	Treasurer Name <b>Stephen J. Falco, Jr.</b> Street Address <b>10 Lorimar Lane</b> City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>

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

Director Name <b>Stephen J. Falco, Jr.</b> Street Address <b>10 Lorimar Lane</b> City <b>Rehoboth</b> State <b>MA</b> Zip <b>02769</b>	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  
**500 NO PAR VALUE** Common NPV

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100** Common NPV

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



\* 1 0 0 6 9 1 \*

11/20/00  
8684  
2

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_

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 **1-16-2000**  
**Stephen J. Falco, 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. **100691** 2. Name of Corporation **Stephen J. Falco, Jr., DMD, P.C. Ltd.**  
3. Street Address Principal Business Office **38 State Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **245-6131** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Dental Services**

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

President Name <b>Stephen J. Falco, Jr.</b> Street Address <b>40 Donald Lewis Drive</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	Vice President Name <b>Stephen J. Falco, Jr.</b> Street Address <b>40 Donald Lewis Drive</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>
Secretary Name <b>Stephen J. Falco, Jr.</b> Street Address <b>40 Donald Lewis Drive</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	Treasurer Name <b>Stephen J. Falco, Jr.</b> Street Address <b>40 Donald Lewis Drive</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>

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

Director Name <b>Stephen J. Falco, Jr.</b> Street Address <b>40 Donald Lewis Drive</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	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	Class/Series	Par Value
<b>500 NO PAR VALUE</b>	<b>Common</b>	<b>NPV</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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



File Date: Jan 22, 99  
Check No.: 6881  
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: [Signature] Date: 12-29-98  
Print or Type Name of Officer: Stephen J Falco, Jr DMD  
Title of Officer: DMD