



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$595.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80192		2. Name of Corporation Johnston Family Dentistry, Inc.			
3. Street Address (Include Business Office) 1136 HARTFORD AVE			City Johnston	State RI	Zip 02919
4. Business Phone No. 401 521-3661		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE OPERATION OF A GENERAL, FAMILY DENTAL PRACTICE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID McFARLAND			Vice President Name (Same)		
Street Address 45 Tower St			Street Address		
City Burrillville	State RI	Zip 02809	City	State	Zip
Secretary Name (Same)			Treasurer Name (Same)		
Street Address			Street Address		
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 (Same)			Director Name		
Street Address			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
1,000 NO PAR VALUE			0		

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



**FILED**

File Date **MAR 04 2005** 5650

Check No. \_\_\_\_\_  
By **UB**

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.

**David C McFarland**  
Signature of Officer

**1-4-05**  
Date

**David C McFarland**  
Print or Type Name of Officer

**President**  
Title of Officer



## 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 OR PRINTED IN BLACK)

1. Corporate ID No 80192		2. Name of Corporation Johnston Family Dentistry, Inc.			
3. Street Address Principal Business Office 1136 GRAFTON AVE		City Johnston		State RI	Zip 02819
4. Business Phone No 401 521-3661		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE OPERATION OF A GENERAL, FAMILY DENTAL PRACTICE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID MCFARLAND			Vice President Name SAME		
Street Address 45 Tower St.			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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 SAME			Director Name		
Street Address			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			NONE		

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



\* 8 0 1 0 2 \*

RECEIVED  
JAN 27 2004File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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.

Signature of Officer \_\_\_\_\_ Date 1-5-04

DAVID MCFARLAND  
Print or Type Name of OfficerPresident  
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 INK

1. Corporate ID No.

2. Name of Corporation

80192

Johnston Family Dentistry, Inc.

3. Street Address Principal Business Office

1136 Vtard Ford Ave

City

Johnston

State

RI

Zip

02919

4. Business Phone No

5. State of Incorporation

401 521-3661

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

Vice President Name

DAVID McFARLAND

SAME

Street Address

Street Address

45 Tower St

City  
Bristol

State

RI

Zip

02809

City

State

Zip

Secretary Name

Treasurer Name

SAME

SAME

Street Address

Street Address

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

DAVID McFARLAND

SAME

Street Address

Street Address

45 Tower St

City  
Bristol

State

RI

Zip

02809

City

State

Zip

Director Name

Director Name

SAME

SAME

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

1,000 NO PAR VALUE

NONE



\* 8 0 1 9 2 \*

File Date

1-9-03

Check No

4784

By

De

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

DAVID McFARLAND

Print or Type Name of Officer

President

Title of Officer

**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. **60192**  
2. Name of Corporation **Johnston Family Dentistry, Inc.**  
3. Street Address Principal Business Office  
**1136 Hartford Ave**  
4. Business Phone No. **401 520-3661**  
5. State of Incorporation **RHODE ISLAND**

City **Johnston** State **RI** Zip **02919**  
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 **David McFarland**

Vice President Name **SAME**

Street Address **45 Tower St.**

Street Address

City **Providence** State **RI** Zip **02901**

City State Zip

Secretary Name **SAME**

Treasurer Name **SAME**

Street Address

Street Address

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 **SAME**

Director Name

Street Address

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)**

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**1,000 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**0**

**0**

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



\* 8 0 1 9 2 \*

File Date: **1-9-02**

Check No.: **4257**

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]** **12-31-01**  
Signature of Officer Date

**David C McFarland D.D.S.**  
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. **80192** 2. Name of Corporation **Johnston Family Dentistry, Inc.**

3. Street Address Principal Business Office

**1136 HARTFORD Ave**

City

**Johnston**

State

**RI**

Zip

**02919**

4. Business Phone No.

**401 521-3661**

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) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**DAVID C. McFARLAND**

Vice President Name

**Same**

Street Address

**1136 HARTFORD Ave**

Street Address

City

**Johnston**

State

**RI**

Zip

**02919**

City

State

Zip

Secretary Name

**Same AS ABOVE**

Treasurer Name

**Same**

Street Address

Street Address

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

**SAME AS #8**

Director Name

**SAME**

Street Address

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)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**None**

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



\* 8 0 1 9 2 \*

File Date: \_\_\_\_\_

**FILED**

Check No.: \_\_\_\_\_

**JAN 22 2001**

By: \_\_\_\_\_

**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]** 1-2-01  
Signature of Officer Date

**DAVID C. McFARLAND D.D.S.**  
Print or Type Name of Officer

**President**  
Title of Officer



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

James E. Lefebvre, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1355  
401-222-3000



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$30.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80192** 2. Name of Corporation **Johnston Family Dentistry, Inc.**  
3. Street Address Principal Business Office **1136 HARTFORD Ave** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401 521-3661** 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 <b>DAVID C. McFarland</b>	Vice President Name <b>- SAME -</b>
Street Address <b>45 Tower St.</b>	Street Address
City <b>Bristol</b>	City
State <b>RI</b>	State
Zip <b>02909</b>	Zip
Secretary Name <b>- SAME -</b>	Treasurer Name <b>- SAME -</b>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>- SAME -</b>	Director Name <b>- SAME -</b>
Street Address	Street Address
City	City
State	State
Zip	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  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 8 0 1 9 2 \*

File Date: **1/12/00**  
**2299**  
Check No.:  
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.  
**David C. McFarland** 12-21-99  
Signature of Officer Date  
**DAVID C. McFarland**  
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. **80192** 2. Name of Corporation **Johnston Family Dentistry, Inc.**

3. Street Address Principal Business Office

**1136 HARTFORD Ave.**

City **Johnston**

State **RI**

Zip **02919**

4. Business Phone No.

**401 521-3664**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**9233**

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

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

President Name

**DAVID C. McFARLAND**

Vice President Name

**SAM E**

Street Address

**45 Tower St. (home)**

Street Address

City **Bristol** State **RI** Zip **02809**

City State Zip

Secretary Name

**S/A**

Treasurer Name

Street Address

Street Address

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

**SAM E**

Director Name

**SAM E**

Street Address

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)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**0**

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



\* 8 0 1 9 2 \*

File Date: **7/9/99**

Check No.: **2143**

By: **KID**

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.

**David C. McFarland** **6.30.99**  
Signature of Officer Date

**DAVID C. MCFARLAND**  
Print or Type Name of Officer

**President** **CA# 2143**  
Title of Officer



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

James R. Longwell, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 97 (98)**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLOCK)

1. Corporate ID No. 80192 2. Name of Corporation Johnston Family Dentistry, Inc.  
3. Street Address Principal Business Office 1136 HARTFORD AVENUE City JOHNSTON State RI Zip 02919  
4. Business Phone No. (401) 521-3661 5. State of Incorporation RI 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)

President Name <u>DAVID C. McFARLAND, Pres, Treas &amp; Clerk</u>	Vice President Name
Street Address <u>45 TOWER ST.</u>	Street Address
City <u>BRISOL</u> State <u>RI</u> Zip <u>02804</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <u>DAVID C. McFARLAND</u>	Director Name
Street Address <u>AS ABOVE</u>	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)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>COMMON</u>	<u>None</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>COMMON</u>	<u>None</u>

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

File Date: 6-11-98  
Check No.: 1544  
By: AMF

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.

David C. McFarland 6.9.98  
Signature of Officer Date  
DAVID C. McFARLAND  
Print or Type Name of Officer  
Pres.  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED ON BLACK)



1. Corporate ID No. **80192**  
2. Name of Corporation **Johnston Family Dentistry, Inc.**  
3. Street Address Principal Business Office  
**1136 Narragansett Ave**  
4. Business Phone No. **401 521-3661**  
5. State of Incorporation **RHODE ISLAND**

City **Johnston** State **RI** Zip **02919**  
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 **David C. McFarland**  
Street Address **45 Tower St**  
City **Bristol** State **RI** Zip **02809**  
Secretary Name **Sam**  
Street Address  
City State Zip

Vice President Name **Sam**  
Street Address  
City State Zip  
Treasurer Name **Sam**  
Street Address  
City State Zip

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

Director Name **David C. McFarland**  
Street Address **45 Tower St**  
City **Bristol** State **RI** Zip **02809**  
Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

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

**AUTHORIZED SHARES**

Number of Shares Class/Series Par Value

**1,000 SHS NO PAR VALUE**

**ISSUED SHARES**

Number of Shares Class/Series Par Value

**NONE**

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



\* 8 0 1 9 2 \*

File Date: **1/31/97**  
Check No.: **2871**  
By: **Sam / Sec**

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 **David C. McFarland** Date **12-23-96**  
Print or Type Name of Officer **David C. McFarland**  
Title of Officer **President**

# PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations  
James H. 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: \$46.00

PLEASE TYPE OR PRINT IN BLOCK LETTERS

1. CORPORATE ID NO. 80192  
2. NAME OF CORPORATION Johnston Family Dentistry, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1136 HARTFORD AVENUE  
CITY JOHNSTON STATE RI ZIP CODE 02919  
4. BUSINESS PHONE NO. (401) 521-3661  
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

PRESIDENT NAME	VICE PRESIDENT NAME
DAVID C. McFARLAND	DAVID C. McFARLAND
STREET ADDRESS 47 ETHEL DRIVE	STREET ADDRESS 47 ETHEL DRIVE
CITY PORTSMOUTH STATE RI ZIP CODE 02871	CITY PORTSMOUTH STATE RI ZIP CODE 02871
SECRETARY NAME DAVID C. McFARLAND	TREASURER NAME DAVID C. McFARLAND
STREET ADDRESS 47 ETHEL DRIVE	STREET ADDRESS 47 ETHEL DRIVE
CITY PORTSMOUTH STATE RI ZIP CODE 02871	CITY PORTSMOUTH STATE RI ZIP CODE 02871

## 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
DAVID C. McFARLAND	NONE
STREET ADDRESS 47 ETHEL DRIVE	STREET ADDRESS NONE
CITY PORTSMOUTH STATE RI ZIP CODE 02871	CITY NONE STATE NONE ZIP CODE NONE
DIRECTOR NAME NONE	DIRECTOR NAME NONE
STREET ADDRESS NONE	STREET ADDRESS NONE
CITY NONE STATE NONE ZIP CODE NONE	CITY NONE STATE NONE ZIP CODE NONE

## 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VALUE			1000	COMMON	0

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.

File Date:

3/6/96

Check No:

683

By:

CP

For Secretary of State Use Only

Signature of Officer

DAVID C. McFARLAND

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/29/96  
Date

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 02903-3335  
401-277-3046

File Annually  
LLC: Sep. 1 - Nov. 1  
C-Corp: Jan. 1 - March

Corporate ID: 0080192 Annual Report for the year: 1995

Name of Business Entity: JOHNSTON FAMILY DENTISTRY, INC.

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

Federal Taxpayer Identification Number: 05-0478720

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):

1136 Hartford Avenue

Johnston, Rhode Island 02919

Phone: (401 ) 521-3661

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:

David C. McFarland, D.D.S.

1136 Hartford Avenue

Johnston, Rhode Island 02919

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

Dental practice

Date of Organization: June 29, 1994

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)	David C. McFarland, 1136 Hartford Avenue, Johnston, Rhode Island		02919
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	David C. McFarland, 1136 Hartford Avenue, Johnston, Rhode Island		02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	David C. McFarland, 1136 Hartford Avenue, Johnston, Rhode Island		02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David C. McFarland,	1136 Hartford Avenue, Johnston, Rhode Island		02919

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER One Thousand (1,000)	NUMBER One Hundred (100)
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR Without Par Value	PAR VALUE OR WITHOUT PAR Without Par Value

Date August 2, 1995

By: David C. McFarland, D.D.S.  
DAVID C. MCFARLAND, D.D.S.  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.