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Providence, REP. 35, 1355, 364, 522, 37, 96

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

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	By Ub

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state	
contained herein and true and correct.	1-4-05
Signature of Officer	Date
Print or Type Name of Officer	
Presiden T	
Title of Officer	



File Date

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROPUDENCE PLANTATIONS 1 700 Office of the Secretary of State

Matthew A. Brown, Secretary of State

- Gorporálions Dicicion : 200 North Main Street Providence, RI 02903-1335

PROFIT-CORPORATION ANNUAL ALPORT FOR THE YEAR Filing Period: January 1 - March 1 Filling Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 80192 Johnston Family Dentistry, Inc. 3. Street Address Principal Business Office State RI 4. Business Phone No 5. State of Incorporation 401 521-3661 RHODE ISLAND 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name λρυτό Street Address lower Street Address City Z.Įp State *7.*(p State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS SAMC Street Address Street Address City State Zip Zip City Director Name Director Name Street Address Street Address Cüy State Zip State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES ISSUED SHARES** Number of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 1,000 NO PAR VALUE 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

Form 630 Rev. 12/03

Felward S. Imman, III, Secretarial State Gerperations Division 199 North Main Street, Providence, RI 02905-1,335

401-222-3040

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File Date	1-9.03
Check No : _	4774
B):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 heryin are true and correct. Signature of Officer Print or Type Name of Officer President Title of Officer

Form 639 12/92

Corporations Diminos 100 North Plain Street, Providence, RI 02903-1335 401-222-3040

9233

Filling Period: Jam	GPNIMATION ANNUAL REPORT FOR THE VEAR 2002 Cory I-March F + Filing Fee: \$50.00	
TORM MUST SE TYPED I	N BLACK)	
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80192	Johnston	Family Dentistry, Inc.		÷ .	
1 Business Phone No 401 520	HORTFORD.	5. State of incorporation RHODE ISLAN		State CZ	Źīp 6. 810
8. NAMES AND AD	harmter of Business Conducted IAC FAC DRESSES OF THE OF MC FAC STACE STACE	FICERS CATEROX FOR ATTAC	CHMENT) FILL IN SPACES E Vice President Name SMM E Street Address	BEFORE USING AT	TACHMENTS
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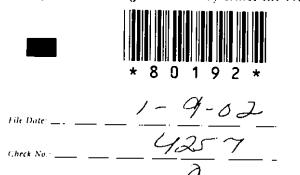
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of periury, 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.

Dry Jal (DP)	12.	31-0	1
Signature of Officer	Date		$\overline{\Delta}$

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FOR SECRETARY OF STATE USE ONLY

Corporations Division
-800 Nextly Main Street, Providence, Et 02903-1333

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401-222-3040

PROFIT COR	PORATION	ANNUAL RES	POST FOR THE	YEAR 200	<u>) 1</u>
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8. NAMES AND ADDR	いだなアルソ ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACE	(MENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
President Name DAUID Street Address 11 2 6 14	MCFARIA	tri D	Vice President Name SAM Street Address		
Street Address 1136 A City Johnson	State RZ	02919	City	State	Zip
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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 bergin are true and correct.

Signature of Officer Date

DAULD C. MCFAR/AND DDS

President

1. Corporate ID No.

80192

Jame E. Leage Str. Secretary of State Corporations Division 100 North Mair Stress, Providence, RI 02903-1355.

PROFIT CORPORATION ANNOUNL REPORT FOR THE YEAR 2000



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FORM MUST BE TYPED IN	BÉACK)	•		
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3. Street Address Principal Bus			City	State Z	Zip Oc
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

* 8 0 1 9 2 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct.
2299 Check No	Signature of Officer Date
Ву:	Print or type Name of Officer PCLSident

STATE OF RHODE ISLAND AND PROVIDENCE PLA HATIONS Office of the Secretary of State

Fixer ve. Exception, Sciences of Crate Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-222-3049

PROFIT CORPORATION ANNU REPORT FOR THE YEAR 1999

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(FORM MUST BE TYPED IN BL.		Fitting Fee: \$50.00	-		regard card
1. Corporate ID No. 80192	2. Name of Corpo	attor Faintly Dentistry, Inc.	·		
3. Street Address Principal Busines. 1 3 6 HART 4. Business Phone No. 4 5 1 - 3 7. Brief Description of the Characte	TFORD AU	5. State of Incorporation RHODE ISLAN	Johnson D	State P.I	7≥91 € 6. SIC Code 9233
8. NAMES AND ADDRES President Nome DAUID C. Street Address 45 Towcr City Bristal	mcFanl	_	HMENT) FILL IN SPACES Vice President Name 5 AA C Street Address	BEFORE USING ATTA	CHMENTS
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Ву:	<i>L</i> (D)
FOR SECRETARY (OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	nying schedules and statements, and
that all statements contained herei	n age true and correct.
John John	(205 630 8)
Signature of Office	Date
DAUID C. MCFAR	land
Print or Type Name of Officer	C11 # 2145

President CL# 2143



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Corporations Division
Corporations Division
Nov-ir Main Street, Providence, 11 02903-1335
401-277-3040

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PROFIT COR	PORATION	ANNUAL RI	EPORT FOR THE	YEAR T	(98)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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	Under penalty of perjury, I declare and affirm that I have examined
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1544	Signature of Officer Date
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OR SECRETARY OF STATE USE ONLY	Ines.
	Title of Officer

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

faires A, Laugerein, Sett tury of State. Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

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* 8 0 1 9 2 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: 13197 Check No.: 2871	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 12 - 23 - 16 Signature of Officer Date Date
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

PROFIT CORPORATION ANNUAL REPORT

PLE-SETTING A FRANT IN BLACK MAL



State of Rhube lething side Providence Plantacions
James R. Langevin, Secretary of State
Corporations Division
109 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

2. NAME OF CORPORATION

Fling Fee: 856.00...

For Secretary of State Use Only

Ву:

80192 - Johnston Fam	ily Dentistry, Inc.		·
1136 HARTTORD AVENUE	Johnsten	STATE T	ZP COOE
(401) 521-366/	RHODE ISLAND		7233
BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN PRIDOE ISLAND OF THE CHARACTER OF BUSINESS CONDUCTED IN PRIDOE ISLAND	the second secon		7,000
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This report m President, Vice President, Secre	ust be SIGNED IN INK by either t tary, Assistant Secretary, Treasure	he r, Receiver or Trustee	_
	Under penalty report, including all statements of	of perjury. I declare and affi g any accompanying schedu contained herelmare true and	rm that I have examined this les and statements, and that I correct.
File Date: 3/6/96	Signature of Of	- (M, 19	Wan!
Check No: 683	DAVID (Mc FARLAND	
(\mathcal{L})	Print or Type Na	ame of Officer	/ /

(RCSIAM)

Title of Officer

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PLEAGE TYME OF EAST

State of Rhode Island and Frenchesse Plantations Office of The Secretary of State

106 North Mato Stores Providence, Rhode Island 2008.3 (\$335) 401-277-3046

Corporate ID: 0080192	Annual Report for the year: 1995	
Name of Business Entity: JOHNSTON FAMILY DENTISTRY,	unc.	
	Business Entity is (check one):	
Business entity organized under the laws of the State of:Blode Island	DC] Business Corporation (See RIGL Chap	ter 7-1.1)
Federal Taxpayer Identification Number: 05-0478720	[] Professional Service Corporation (See	
For foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See RIGL	
	Name, title and mailing address of contact person to	o whom
• •	communications may be directed:	
	David C. McFarland, D.D.S. 1136 Hartford Avenue	
Phone: ()	<u>Johnston, Rhode Island 029</u>	119
Address and telephone of the principal office of business entity in Rhode		·
Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conduc	ted in Rhode Island:
1136 Hartford Avenue		
Johnston, Rhode Island 02919	Dental practice	
	Date of Organization: June 29, 1994	
Phone: (401) 521-3661	Date of Qualification to do business in Rhode Islan	d (if foreign entity):
Phone: 1102 / S22 SS2		-
	The control of the co	
THE NAMES OF CHIEF EXECUTIVE OFFICER OR PERESIDENT (Chief Chie) STREET A	THE OFFICERS ARE: DORESS CHYSTATE	∠JP CODE
David C. McFarland, 1136 Hartford Avenue,		02919
CHUEF OPERATING OFFICER OR VICE PRESIDENT (Chief One) STREET A	DORESS CITY/STATE	ZIP CODE
CUSTODIAN OF RECORDS OR SECRETARY (Chief One) STREET A	DORFIS CITY/STATE	ZIP CODE
David C. McFarland, 1136 Hartford Avenue,		02919
CHIEF FINANCIAL (HYPICER OR KINTREASURER (Chief One) STREET A	DORESS CITY/STATE	ZIF COOK
David C. McFarland, 1136 Hartford Avenue,		02919
THE NAMES OF T	HE DIRECTORS ARE:	ZIP CODE
David C. McFarland, 1136 Hartford Avenue,	Johnston, Rhode Island	02919
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STREET	DOBESS CITYSTATE	ZIF CODE
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Dete August : 19 95 By:	AND E. VERSEND, D.D.S.	
- , r	DAVID C. MCFARLAND, D.D.S.	
A lon	TYPE NAME OF OFFICER SIGNING	
	President	
(12/9) / 1/1/48		
Form 31 1/84		
	DENT AGENT FOR SERVICE OF PROCESS:	
PLEASE NOTE: If the Corporation has changed its registered office and/or n	egistered or resident agent, Form 9 or Form LLC 3 must be	: filed.