



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brodin, 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)

1. Corporate ID No. 119552		2. Name of Corporation David M. Napolillo, D.M.D., Inc.			
3. Street Address Principal Business Office 52 Pontiac Ave			City Providence	State RI	Zip 02907
4. Business Phone No. 401-941-2141		5. State of Incorporation RI			6. SIC Code
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 M. Napolillo DMD			Vice President Name		
Street Address 52 Pontiac Ave			Street Address		
City Providence	State RI	Zip 02907	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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) ☐ 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
8000		ND	0		

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

FILED

AUG 19 2005

151-10074831

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 M. Napolillo DMD Date: 8/19/05
Print or Type Name of Officer: David M. Napolillo DMD
Title of Officer: President

File Date: _____
Check No.: _____
By: _____

FOR SECRETARY OF STATE USE ONLY



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 3030

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. 119552		2. Name of Corporation David M. Napolillo, D.M.D., Inc.			
3. Street Address Principal Business Office 52 Pontiac Ave		City Providence		State RI	Zip 02907
4. Business Phone No. 401-941-2141		5. State of Incorporation RI			6. SIC Code
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 M. Napolillo DMD			Vice President Name		
Street Address 52 Pontiac Ave			Street Address		
City Providence	State RI	Zip 02907	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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) ☐			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
8000		NO	0		

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

FILED

AUG 19 2005
By UP 748310

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 M. Napolillo DMD Date: 8/19/05
Print or Type Name of Officer: David M. Napolillo DMD
Title of Officer: President

FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>119552</u>		2. Name of Corporation <u>David M. Napolillo, D.M.D., Inc.</u>			
3. Street Address Principal Business Office <u>52 Pontiac Ave</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
4. Business Phone No. <u>401-941-2141</u>		5. State of Incorporation <u>RI</u>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Dentistry</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>David M. Napolillo DMD</u>			Vice President Name		
Street Address <u>52 Pontiac Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) ☐			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
<u>8000</u>	<u>NO</u>		<u>0</u>		

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

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
ALL: 19 2005
3y CP74831A

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 M. Napolillo DMD 8/19/05
Signature of Officer Date
David M. Napolillo DMD
Print or Type Name of Officer
President
Title of Officer



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. *119552*		2. Name of Corporation David M. Napolillo, D.M.D., Inc.	
3. Street Address Principal Business Office 52 Pontiac Avenue		City Providence	State RI
4. Business Phone No. 401 941 2141		5. State of Incorporation RHODE ISLAND	6. SIC Code 9233

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF DENTISTRY

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

President Name David M. Napolillo, D.M.D.			Vice President Name None		
Street Address 52 Pontiac Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name David M. Napolillo, D.M.D.			Treasurer Name David M. Napolillo, D.M.D.		
Street Address Same			Street Address Same		
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 NONE			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 () 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
8,000 NO PAR VALUE			100	Common	None

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



* 1 1 9 5 5 2 *

**119552* FILED 10 PM 20. 11 2002
File Date
Check No. DEC 05 2002
By 216724
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 M. Napolillo DMD Date 11-25-02
Print or Type Name of Officer David M. Napolillo DMD
Title of Officer Owner