State of New Hampshire
2010 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/24/2010

Business ID: 555096

William M. Gardner

Secretary of State

MODERN DENTAL PLLC

226 BROAD ST #5

NASHUA, NH 03063

ENTITY TYPE: PROFESSIONAL LLC

BUSINESS ID: 555096

STATE OF DOMICILE: NEW HAMPSHIRE

Dental Office

1

ADDRESS OF PRINCIPAL OFFICE:

226 BROAD ST #5

NASHUA, NH 03063

REGISTERED AGENT AND OFFICE:

SCOTT, MICHAEL J, ESQ

75 GILCREST RD STE 306

LONDONDERRY, NH 03053

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

3

MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Bruce Houghton**

STREET **226 Broad Street St #5**

CITY/STATE/ZIP **Nashua Nh 03063**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member for the entity type of a PLLC.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.
All the members and managers are qualified persons with respect to the professional limited liability company.

Sign here: **Stephany Houghton**

Please print name and title of signer: **Stephany Houghton** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

055509620101004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529