

A. Ralph Mollis, Secretary of State Corporations Division 148 W River Street Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No. 2797	2. Name of Corporation BRENNAN ORTHODONTICS, INC.				
3. Street Address Principal Business Office 1434 Warwick Avenue		City Warwick	State RI	<sup>Zip</sup> 02888	
		5. State of Incorporation Rhode Island			
6. Brief Description of the Charac PRACTICE OF DENTIS	ter of Business Conducte	d in Rhode Island			
7. NAMES AND ADDRESS		ERS: ("X" BOX FOR ATTA	CHMENT) TILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS
President Name Dr. William F. Brennan		Dr. Matthew M. Brennan			
Street Address 1434 Warwick Avenue			Street Address 1434 Warwick Avenue		
City Warwick	State RI	<sup>Zip</sup> 02888	City Warwick	State RI	<sup>Zip</sup> 02888
Secretary Name Dr. Matthew M. Brennan		Treasurer Name Dr. Matthew M. Brennan			
Street Address 1434 Warwick Avenue			Street Address 1434 Warwick Avenue		
City City	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT.  Director Name  Dr. William F. Brennan			Director Name  Dr. Matthew M. Brennan		
Street Address 1434 Warwick Avenue			Street Address 1434 Warwick Avenue		
City	State	Zip	City	State	Zip
Warwick Director Name	RI	02888	Warwick Director Name	<u> </u>	02888
Street Address			Street Address		
	La	170	City	State	Zip
City	State	Zip			
9. SHARES AUTHORIZEI	· '	,		O ("X" BOX FOR ATTAC SECTION MUST BE COMPLETED	<del></del>
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			200	Common	No Par
mstruction sheet.					
This report must be aven	ated on behalf of the	corporation by an authorize	d representative If the	corporation is in the hand	ls of a receiver or truste
this report must be execu	ted on behalf of the	corporation by the receiver	or trustee.	•	
			Under penalty of	f perjury, I declare and affirm	that I have examined this r
		<del></del>		companying schedules and si	tatements, and that all state
20/1	0-09		contained herein	A STATE OF THE STA	
File Date	0-09 29		Signature		Date
Check No66.			MATT	hew Brewnan me President	
Ву:	me		Print or Type Nar	me	
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