



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

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 113304		2. Name of Corporation Mattioli Orthodontics, Ltd.			
3. Street Address Principal Business Office 5550 POST ROAD		City EAST GREENWICH	State RI	Zip 02818-	
4. Business Phone No. 4018865900		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER ALL THE PROFESSIONAL SERVICES OF A DENTIST DULY LICENSED AS AN ORTHODONTIST UNDER THE LAWS OF THE STATE OF RHODE ISLAND					
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Mattioli			Vice President Name		
Street Address 57 Shadow Brook Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Robert L. Mattioli			Treasurer Name Robert L. Mattioli		
Street Address 57 Shadow Brook Drive			Street Address 57 Shadow Brook Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> 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
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 10. 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
100 NO PAR VALUE			50	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



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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.

Robert L. Mattioli 2/15/09  
Signature Date  
Robert L. Mattioli  
Print or Type Name  
President  
Title

FILED  
File Date  
MAR 02 2009  
Check No.  
By 3061  
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