

subject to a penalty fee of \$25.00.

East Greenwich

9. SHARES AUTHORIZED

instruction sheet.

Director Name

Street Address

City

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

401.222.3040

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Zip

Par Value

\$0.01

2009

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Zip 02818

Zip

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

2. Name of Corporation 1. Corporate ID No. John S. Kacewicz, D.M.D., Inc. 127177 3. Street Address Principal Business Office RI East Greenwich 02818 990 Main Street 5. State of Incorporation 4. Business Phone No Rhode Island 401-884-6500 6. Brief Description of the Character of Business Conducted in Rhode Island to provide orthodontic services to patients requesting such services 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  $\Box$  FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name John S. Kacewicz, DMD John S. Kacewicz, DMD Street Address Street Address 990 Main Street 990 Main Street City State 02818 RI 02818 East Greenwich RI East Greenwich Secretary Name Treasurer Name John S. Kacewicz, DMD John S. Kacewicz, DMD Street Address Street Address 990 Main Street 990 Main Street State CHvState 02818 RI 02818 East Greenwich East Greenwich RΙ 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name John S. Kacewicz, DMD Street Address Street Address 990 Main Street

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.

Director Name

Street Address

Number of Shares

City

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File Date _		HF	n_	 _
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State

RI

State

State. Changes require an additional filing. See Section 9 of

This information is currently of record in the Office of the Secretary of

Under penalty of perjury, I declare and a including any accompanying schedules contained herein are true and correct.	affirm that I have examined this report and statements, and that all statements $2/22/\partial 9$
Signature	Dark
John S. Kacewicz, DMD	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08

State

State

Class/Series

Common

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED