

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

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* • 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(e&d)) is subject to a penalty fee of \$25.00. 1. Courses 2. Name of Corporation ROMANI ORTHODONTICS, P.C. EAST PROVIDENCE 869 BROADWAY RI 02914 4. Business Phone No. 5. State of Incorporation 4014341127 RHODE ISLAND 6. Briaf Description of the Character of Business Graducted in Rhode Island ORTHODONTICS AND DENTO-FACIAL ORTHOPEDICS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name KIRSTEN L. ROMANI, DMD DANIEL A. ROMANI, JR. Street Address Street Address 153 COOPER ROAD 153 COOPER ROAD CHEPACHET RI 02814 CHEPACHET RΙ 02814 DANIEL A. ROMANI, JR. KIRSTEN L. ROMANI, DMD Street Address Street Address SAME AS ABOVE SAME AS ABOVE State Z(b)City Zip8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name KIRSTEN L. ROMANI, DMD Street Address Street Address SAME AS ABOVE City State Ziρ Cits State 24) Street Address Street Address City State 24 City State 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Serries Par Value State. Changes require an additional filing. See Section 9 of 500 COMMON .01 instruction sheet. THIS SECTION

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.

	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.
File Date	120/09 8/20/09
Check Ne.	Signature Date
Check No. AUG 2 4 2009	KIRSTEN L. ROMANI, DMD
$B_{V} = IOV$	Print or Type Name
By STATE USE ONLY	PRESIDENT/TREASURER
	Title
	Form 630 Rev. 08/08