



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2010

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 subject to a penalty fee of \$25.00.

1. Corporate ID No. 20513		2. Name of Corporation ORTHOPEDIC APPLIANCE AND BRACE CENTER, INC.			
3. Street Address Principal Business Office 280 Broadway			City Providence	State RI	Zip 02903-0000
4. Business Phone No. (401) 331-5548		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island orthopedic appliances					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Helen Lonardo			Vice President Name William Lonardo		
Street Address 26 Angell Road			Street Address 2 Westbound Court		
City N.Providence	State RI	Zip 02904-	City Johnston	State RI	Zip 02919-
Secretary Name Helen Lonardo			Treasurer Name Helen Lonardo		
Street Address 26 Angell Road			Street Address 26 Angell Road		
City N.Providence	State RI	Zip 02904-	City N.Providence	State RI	Zip 02904-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Helen Lonardo			Director Name none		
Street Address 26 Angell Road			Street Address none		
City N.Providence	State RI	Zip 02904-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par

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.

File Date	1-04-2010
Check No.	19340
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Helen Lonardo 12-30-09 01/04/2010
Signature Date
Helen Lonardo
Print or Type Name
President
Title