RALPH MOIL	tate of Rhode Island and Pro Office of the Secreta		
on etary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	treet 04-2615	
Business Corporatio Annual Report Filing Period: January 1 - M			
	7-1.2-1501(e), each corporation failir 30) days after the time prescribed by l ty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2013</u>		
1. Corporate ID No.	000002797		
2. Name of Corporation	BRENNAN ORTHODONTICS,	<u>, INC.</u>	
3. Street Address Princip	oal Business Office:		
	WARWICK AVENUE RWICK St	tate: <u>RI</u> Zip: <u>02888</u> Country: <u>USA</u>	
4. Business Phone No.			
(401) 463-6350			
5. State of Incorporation	I		
State: <u>RI</u>			
<u>PRACTICE OF DENTI</u> 7. Names and Addresses All officers and direct	e Character of Business Conducte <u>STRY AND ORTHODONTICS</u> s of the Officers and Directors: ors must be listed. If officers and/onger applicable; please delete.	ed in Rhode Island or directors have been elected, the title	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	DR. MATTHEW M BRENNAN	1434 WARWICK AVE WARWICK, RI 02888 USA	
TREASURER	DR. MATTHEW M. BRENNAN	1434 WARWICK AVENUE	
		WARWICK, RI 02888 USA	
SECRETARY	DR. MATTHEW M. BRENNAN	1434 WARWICK AVENUE WARWICK, RI 02888 USA	

DIRECTOR	DR. MATTHEW M. BR		1434 WARWICK AVENUE ARWICK, RI 02888 USA	
8. Shares Authorized and Iss	ued			
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	600.00	100
individuals signing this instr signatory, under penalties of act and deed of the corporat electronic filing, in complian By <u>DR. MATTHEW M. BR</u> Signature of Authorized R <u>PRESIDENT</u> Title	^f perjury, that this in ion, and that the fac ice with R.I. Gen. La <u>ENNAN</u>	estrument is that indiv ets stated herein are t tws § 7-1.2.	vidual's act and d	eed or the
This report cannot be acc listed in section 7.	cepted for filing if an	officer has executed	the form and he/s	she is not
Form No. 630 Revised 09/07				
© 2007 - 2013 State of Rhode Island a All Rights Reserved	and Providence Plantations			