

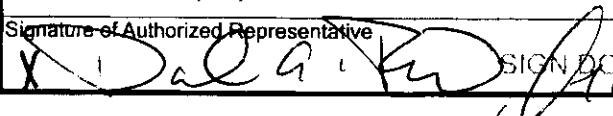


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 314347		2. Exact name of the Corporation Romani Orthodontics, P.C.			
3. Principal Office Address 869 Broadway		City East Providence	State RI	Zip 02914	
4. Business Phone Number 401-434-1127		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Orthodontic and Dento-Facial Dentistry and Orthodontics					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kirsten L. Romani, DMD			Vice-President Name Daniel A. Romani, Jr.		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Secretary Name Daniel A. Romani, Jr.			Treasurer Name Kirsten L. Romani, DMD		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kirsten L. Romani, DMD			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500		Common	
				PAR VALUE	
				\$01	
11. 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. <i>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.</i>					
Name of Authorized Representative Daniel A. Romani, Jr., Vice President				Date 7/25/16	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AUG - 9 2016

FORM 630 - Revised: 05/2016

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