



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:**

**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 <b>17877</b>		2. Exact name of the Corporation <b>PEZZA ORTHODONTICS, INC.</b>			
3. Principal Office Address <b>1220 Pontiac Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>54 - Professional, Scientific,</b>		6. Brief description of the character of business conducted in Rhode Island <b>Dentistry</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gregory Pezza</b>			Vice-President Name <b>Joseph E. Pezza</b>		
Street Address <b>1220 Pontiac Avenue</b>			Street Address <b>1220 Pontiac Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Gregory Pezza</b>			Treasurer Name <b>Joseph E. Pezza</b>		
Street Address <b>1220 Pontiac Avenue</b>			Street Address <b>1220 Pontiac Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Gregory Pezza</b>			Director Name <b>Joseph E. Pezza</b>		
Street Address <b>1220 Pontiac Avenue</b>			Street Address <b>1220 Pontiac Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
none					
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.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>Gregory Pezza</b>				Date <b>JAN 19 2017</b>	
Signature of Authorized Representative 				Date <b>01-17-2017</b>	
BY <b>3277</b>					

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016