



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

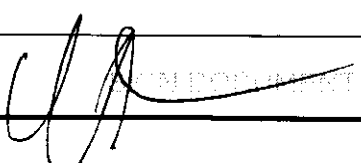
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

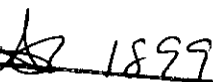
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 MAR 15 PM 1:14
R.I. DEPT. OF STATE
BUS. SCS. DIV.
02816
RECEIVED

1. Entity ID Number 526596		2. Exact name of the Corporation Gordon Orthodontics, Inc.			
3. Principal Office Address 840 Tiogue Avenue		City Coventry		State RI	
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island Orthodontic Practice			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William M. Gordon			Vice-President Name William M. Gordon		
Street Address 840 Tiogue Avenue			Street Address 840 Tiogue Avenue		
City Coventry		State RI	Zip 02816	City Coventry	
Secretary Name William M. Gordon		Treasurer Name William M. Gordon			
Street Address 840 Tiogue Avenue			Street Address 840 Tiogue Avenue		
City Coventry		State RI	Zip 02816	City Coventry	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		common		no par	
Changes require an additional filing.					
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.					
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.					
Name of Authorized Representative William M. Gordon, President				Date 2/22/2017	
Signature of Authorized Representative 					

FILED

MAR 15 2017

By  1899MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016