RI SOS Filing Number: 201859699500 Date: 3/2/2018 4:00:00 PM

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

STAMP

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
000036923	OCEAN ORTHODONTICS, INC.		
3. Principal Office Address	City	State	Zip
5 Crestview Drive	Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621210	THE PRACTICE OF ORTHODONTICS		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert P. Hayden			Vice-President Name: None		
Street Address: 47 Elm Street			Street Address		
City: Westerly	State: RI	Zip: 02891	City	State	Zip
Secretary Name: Robert P. Hayden			Treasurer Name: Robert P. Hayden		
Street Address: 47 Elm Street			Street Address: 47 Elm Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert P. Hayden			Director Name		
Street Address: 47 Elm Street			Street Address		
City: Westerly	State: RI	Zip: 02891	City	State	Zip
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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.

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	Date
Robert P. Hayden	27 Feb '18
Signature of Authorized Representative: SIGN DOCUMENT HERE	

FILED
MAR 02 2018
BY 17349

MAIL 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: 10/2017