



State of Rhode Island and Providence Plantations

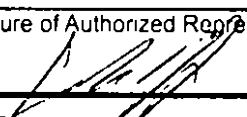
Department of State - Business Services Division

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 487037		2. Exact name of the Corporation Jaffe Orthodontics, Inc.			
3. Principal Office Address 147 County Road			City Barrington	State RI	Zip 02806
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Orthodontics services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jordan Jaffe, D.M.D.			Vice-President Name		
Street Address 147 County Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jordan Jaffe, D.M.D.			Director Name		
Street Address 147 County Road			Street Address		
City Barrington	State RI	Zip 02806	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		
			1,000 Common \$0.01		
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. 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 Jordan Jaffe, D.M.D.					Date 3/9/18
Signature of Authorized Representative 					

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

MAR 10 2018

BY 6891 DS

FORM 630 - Revised: 10/2017