



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 FEB 11 AM 9:51

1. Entity ID Number 52659		2. Exact name of the Corporation Gordon Orthodontics, Inc.												
3. Principal Office Address 840 Tiogue Avenue			City Coventry	State RI	Zip 02816									
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Orthodontic Practice													
5. State of Incorporation RI 621210														
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	State RI	Zip 02816									
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	State RI	Zip 02816									
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	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	200	common	no par			
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200	common	no par												
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 1/30/2019										
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

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