



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000113304

**2. Name of Corporation** Mattioli Orthodontics, Ltd.

**3. Street Address Principal Business Office:**

No. and Street: 5550 POST ROAD  
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

**4. Business Phone No.**

4018865900

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO RENDER ALL THE PROFESSIONAL SERVICES OF A DENTIST DULY LICENSED AS AN ORTHODONTIST

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT L. MATTIOLI	57 SHADOW BROOK DRIVE

		WARWICK, RI 02886 USA
SECRETARY	ROBERT L. MATTIOLI	57 SHADOW BROOK DRIVE WARWICK, RI 02886 USA
PRESIDENT	ROBERT L MATTIOLI	57 SHADOW BROOK DRIVE WARWICK, RI 02886- USA
OTHER OFFICER	ROBERT L MATTIOLI	5550 POST ROAD EAST GREENWICH, RI 02818 UNI

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	100

**9. 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.**

**Signed this 31 Day of March, 2019 at 2:35:15 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT L. MATTIOLI  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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