



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED
FILED
FEB 10 2020
FEB 10 2020
BY 2392 DS
BY _____

1. Entity ID Number <u>00040609</u>		2. Exact name of the Corporation <u>John T A Romano DDS Inc</u>	
3. Principal Office Address <u>463 Broadway</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>621210</u>		6. Brief description of the character of business conducted in Rhode Island <u>General Dentistry</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>John T A Romano</u>		Vice-President Name	
Street Address <u>Same AS ABOVE</u>		Street Address	
City	State	Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	
		<u>0</u>	
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 <u>John T A Romano</u>		Date <u>2/6/2020</u>	
Signature of Authorized Representative		SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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