



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

SEP 30 2020 *sz*

*7636*

**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.

1. Entity ID Number 314347		2. Exact name of the Corporation Romani Orthodontics, P.C.			
3. Principal Office Address 869 Broadway			City East Providence	State RI	Zip 02914
4. NAICS Code 62 1111		6. Brief description of the character of business conducted in Rhode Island Orthodontic and Dento-Facial Dentistry and Orthodontics			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kirsten L. Romani, DMD			Vice-President Name Daniel A. Romani, Jr.		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Secretary Name Daniel A. Romani, Jr.			Treasurer Name Kirsten L. Romani, DMD		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		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					
<b>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.</b>					
Name of Authorized Representative Daniel A. Romani, Jr., Vice President					Date 9/20/20
Signature of Authorized Representative 					

**MAIL TO:**  
**Division of Business Services**  
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 Website: www.sos.ri.gov