

FILEDState of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

Corporation

2021

→ Filing period: January 1 - March 1

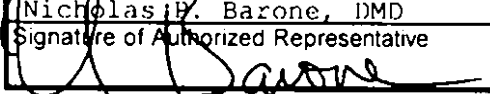
→ Filing Fee: \$50.00

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

BY

JAN 21 2021

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OK

1. Entity ID Number 0001980		2. Exact name of the Corporation BARONE ORTHODONTICS, LTD.			
3. Principal Office Address 1804 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Orthodontics Office			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Nicholas P. Barone, DMD			Vice-President Name		
Street Address 1804 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	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 Nicholas P. Barone, DMD			Director Name		
Street Address 1804 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 Nicholas P. Barone, DMD				Date 1/15/21	
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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