



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

FILED

Annual Report for the year: 2021
Corporation

FEB 10 2021
 BY 26208 OS

- 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 10073		2. Exact name of the Corporation Periodontics, Inc.			
3. Principal Office Address 167 Gano Street		City Providence		State RI	Zip 02906
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Periodontal Practice			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott M. Fertik, DDS			Vice-President Name John G. Broderick, DMD		
Street Address 167 Gano Street			Street Address 167 Gano Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 <input type="checkbox"/>					
Director Name Scott M. Fertik, DDS			Director Name John G. Broderick, DMD		
Street Address 167 Gano Street			Street Address 167 Gano Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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"/>			
		NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE 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 Scott M. Fertik, DDS, President					Date , 2021
Signature of Authorized Representative 					1/27/21

MAIL TO:
 Division of Business Services
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