



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STATE
 FEB 15 2022
 BY OS

1. Entity ID Number 000017877	2. Exact name of the Corporation PEZZA ORTHODONTICS, INC.
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3. Principal Office Address 1220 Pontiac Avenue	City Cranston	State RI	Zip 02920
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4. NAICS Code <u>802110</u>	6. Brief description of the character of business conducted in Rhode Island Dentistry
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Pezza		Vice-President Name Gregory Pezza			
Street Address 1220 Pontiac Ave.		Street Address 1220 Pontiac Ave.			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Gregory Pezza		Treasurer Name Gregory Pezza			
Street Address 1220 Pontiac Ave.		Street Address 1220 Pontiac Ave.			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory Pezza		Director Name			
Street Address 1220 Pontiac Ave.		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued 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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	none		1.00

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 Gregory Pezza	Date 2-11-2022
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Signature of Authorized Representative
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov