



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FILED

FEB 14 2023

BY 3887 *DS*

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

1. Entity ID Number <u>000040609</u>		2. Exact name of the Corporation <u>John TA Romano DDS Inc</u>				
3. Principal Office Address <u>463 Broadway</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02909</u>	
4. NAICS Code <u>621210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Dental office</u>				
5. State of Incorporation <u>RI</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>John TA Romano</u>			Vice-President Name <u>N/A</u>			
Street Address <u>905 Warwick Neck Ave</u>			Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City	State	Zip	
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>			
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 <u>N/A</u>			Director Name <u>N/A</u>			
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				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	
		<u>100</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 TA Romano</u>					Date <u>2/9/2023</u>	
Signature of Authorized Representative						