



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

FOR SECRETARY OF STATE USE ONLY

Corporation

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

2023 MAR - 8
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 STATE SECRETARY
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1. Entity ID Number 001728037		2. Exact name of the Corporation Silversmith Orthodontics, Inc.				
3. Principal Office Address 1130 Ten Rod Road Suite A-104			City North Kingstown	State RI	Zip 02852	
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island dental practice				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Ian S. Silversmith, DDS			Vice-President Name			
Street Address 1130 Ten Rod Road Suite A-104			Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip	
Secretary Name Ian S. Silversmith, DDS			Treasurer Name Ian S. Silversmith, DDS			
Street Address 1130 Ten Rod Road Suite A-104			Street Address 1130 Ten Rod Road Suite A-104			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			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				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		
Changes require an additional filing.		100 Common Shares with 0.01 Par Value				
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.						
<i>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.</i>						
Name of Authorized Representative Ian S. Silversmith, DDS				FILED	Date 2/14/2023	
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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