



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 08 2023

BY 8454
ES

1. Entity ID Number 001719675		2. Exact name of the Limited Liability Company Providence Orthodontics, LLC		
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island Orthodontics and dento-facial dentistry/orthodontics.		
5. State of Formation RI				
6. Principal Office Address 869 Broadway		City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Kirsten Romani, DMD		Contact Title Member		
Street Address Same as above		City	State	Zip
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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 Person X Kirsten L. Romani, DMD			Date X 3/1/23	
Signature of Authorized Person <i>Kirsten L. Romani</i>				

MAIL TO:

Division of Business Services

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