



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation _____

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

RECEIVED
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BUSINESS SERVICES

1. Entity ID Number 20513		2. Exact name of the Corporation ORTHOPEDIC APPLIANCE AND BRACE CENTER, INC.			
3. Principal Office Address 280 Broadway		City Providence		State RI	Zip 02903-000
4. NAICS Code 339113		6. Brief description of the character of business conducted in Rhode Island orthopedic appliances			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria F. Lonardo			Vice-President Name Maria F. Lonardo		
Street Address 2 Westbound Court			Street Address 2 Westbound Court		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Secretary Name Maria F. Lonardo			Treasurer Name Maria F. Lonardo		
Street Address 2 Westbound Court			Street Address 2 Westbound Court		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maria F. Lonardo			Director Name none		
Street Address 2 Westbound Court			Street Address none		
City Johnston	State RI	Zip 02919-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				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 Maria F. Lonardo				Date January 2, 2024	
Signature of Authorized Representative <i>Maria F. Lonardo</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 26 2024
BY *KSASS*