



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.

FILED

FEB 12 2024

BY 1000
OS

1. Entity ID Number 000017877		2. Exact name of the Corporation PEZZA ORTHODONTICS, INC.			
3. Principal Office Address 1220 Pontiac Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 811110 <i>Personal Scientific</i>		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 checked="" 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
			none		PAR VALUE
					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 2-7-2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov