



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 18 2024
BY 8902

1. Entity ID Number 1719675		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 Provide orthodontic services and dento-facial dentistry/orthodontic services.	
5. State of Formation RI			
6. Principal Office Address 869 Broadway		City Ea. Providence	State RI
Zip 02914			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Kirsten L. 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.			
9. 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 Kirsten L. Romani, DMD		Date 3/16/24	
Signature of Authorized Person <i>Kirsten Romani</i>			

MAIL TO:

Division of Business Services

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