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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

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MAR 18 2024 BY 8902	
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BY _0100	

1. Entity ID Number	2. Exact name of the Limiter	2. Exact name of the Limited Liability Company				
768438	i i	Look Who's Smiling, LLC 4. Brief description of the character of business conducted in Rhode Island Creation and operation of hardware and software to educate the public and patients as to the benefits of orthodontics care.				
3. NAICS Code 339114						
5. State of Formation						
6. Principal Office Address		City	State	Zip		
869 Broadway		Ea. Providence	RI	02914		
	ed Liability Company and Name or T	Title of Contact Person		!		
Contact Name Daniel A. R	Romani, Jr.	Contact Title Member				
Street Address Same as above		City	State	Zip		
8. The Resident Agent inform	mation currently of record with the F	RI Department of State is accure	ate. Changes requi	ire filing Form 642		
9. Under penalty of perjury statements, and that all st	y, I declare and affirm that I have tatements contained herein are tr	e examined this report, including	ng any accompan	ying schedules and		
Name of Authorized Person			Date			
Daniel A. Romani, Jr.			\u 3	16/24		
Signature of Authorized Pers	son 2		——— ——————————————————————————————————			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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