



State of Rhode Island
Department of State - Business Services Division

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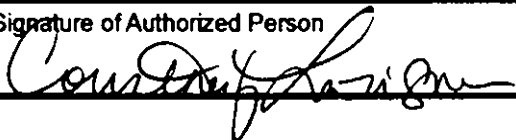
Annual Report for the year: 2024

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.

1. Entity ID Number 001749459		2. Exact name of the Limited Liability Company Anchor Orthodontics, LLC	
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island Dentistry	
5. State of Formation Rhode Island			
6. Principal Office Address 4 Carriage Cove Court		City Coventry	State RI
		Zip 02816	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Courtney Lavigne		Contact Title Manager	
Street Address 4 Carriage Cove Court		City Coventry	State RI
		Zip 02816	
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 Courtney Lavigne		Date 08/14/24	
Signature of Authorized Person 			

FILED

AUG 14 2024

BY 71BYZ
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MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

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