

REC'D RIDGS BSD
25 JAN 6 4:09:08:40State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- 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 001732529		2. Exact name of the Corporation MyOrthos Rhode Island Orthodontics, P.C.												
3. Principal Office Address 131 DARTMOUTH STREET FLOOR 3			City Boston	State MA	Zip 02116									
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dental												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name FRANK A DEQUATTRO			Vice-President Name Bob Teixeira											
Street Address 131 DARTMOUTH STREET FLOOR 3			Street Address 131 DARTMOUTH STREET FLOOR 3											
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	Common	.01												
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 Devon Ferns				Date 12/18/24										
Signature of Authorized Representative 														

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

FILED

JAN 6 2025

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FORM 630- Revised: 12/2023

BY T7gmg
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