

REC'D RI SOS BSD
25 JAN 6 AM 9:08:45State 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.

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.			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

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FORM 630- Revised: 12/2023

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