RI SOS Filing Number: 202565609320 Date: 2/12/2025 4:00:00 PM

**State of Rhode Island**
**Department of State - Business Services Division**

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# 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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| **000001980** | **Barone Orthodontics Ltd.** | | | |
| 3. Principal Office Address | | City | State | Zip |
| **1804 Mineral Spring Avenue** | | **North Providence** | **RI** | **02904** |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| **621210** | **Practice of orthodontics.** | | | |
| 5. State of Incorporation | | | | |
| **RI** | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| **Nicholas P. Barone, DMD** | | | | | |
| Street Address | | | Street Address | | |
| **1804 Mineral Spring Avenue** | | | | | |
| City | State | Zip | City | State | Zip |
| **North Providence** | **RI** | **02904** | | | |
| Secretary Name | | | Treasurer Name | | |
| **Nicholas P. Barone, DMD** | | | **Nicholas P. Barone, DMD** | | |
| Street Address | | | Street Address | | |
| **1804 Mineral Spring Avenue** | | | **1804 Mineral Spring Avenue** | | |
| City | State | Zip | City | State | Zip |
| **North Providence** | **RI** | **02904** | **North Providence** | **RI** | **02904** |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| 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 ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State.** | **100** | **Common Shares** | **0.01 par value** |
| **Changes require an additional filing.** | | | |

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 | Date |
|---|---|
| Nicholas Barone | 2/6/25 |
| Signature of Authorized Representative | FILED |
| Nicholas Barone | FEB 12 2025 |
| | BY 20600 |

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

FORM 630 - Revised: 04/2023