



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**
Corporation

FILEDAMP
FEB 19 2025
BY ML 1654

- 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 001728037			2. Exact name of the Corporation Silversmith Orthodontics, Inc.		
3. Principal Office Address 1130 Ten Rod Road, Suite A-104			City North Kingstown		State RI
			Zip 02852		
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island dental practice			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ian S. Silversmith, DDS			Vice-President Name		
Street Address 1130 Ten Rod Road, Suite A-104			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Ian S. Silversmith, DDS			Treasurer Name Ian S. Silversmith, DDS		
Street Address 1130 Ten Rod Road, Suite A-104			Street Address 1130 Ten Rod Road, Suite A-104		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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		
			100		
			Common Shares		
			0.01 par value		
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 <u>Ian Silversmith</u>					Date <u>1/19/2025</u>
Signature of Authorized Representative <u>[Signature]</u>					

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