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State of Rhode Island Department of State - Business Services Division

FILED

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY_	9,75	4 - 05/

1. Entity ID Number	2. Exact name of the Limited L	2. Exact name of the Limited Liability Company				
768438	Look Who's Smiling	Look Who's Smiling, LLC				
3. NAICS Code	· · · · · · · · · · · · · · · · · · ·	4. Brief description of the character of business conducted in Rhode Island Creation and operation of hardware and software to educate the pub lic and patients as to the benefits of orthodontic care				
339114	· ·					
5. State of Formation	patients as to the bene					
RI						
6. Principal Office Address 869 Broadway		City	State	Zip		
		Ea. Providence	RI	02814		
7. Mailing Address of Limite	d Liability Company and Name or Tit	le of Contact Person				
Contact Name Daniel A. Romani, Jr.		Contact Title Member				
Street Address Same as above		City	State	Zip		
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			Date	/ /		
Daniel A. Romani, Jr.						
Signature of Authorized Per	son	M.		,		

MAIL TO:

Division of Business Services

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