RI SOS Filing Number: 202567691260 Date: 3/18/2025 4:00:00 PM

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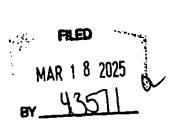
State of Rhode Island

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.		O.			
Entity ID Number	2 Exact name of the Corporation						
1668575	First Circle, Inc.						
3. Principal Office Address			City		State	Zıp	
10 Charles Street			Provide	nce	RI	02904	
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
524298	Dental industry services						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment 🗷			
President Name Blaine Carroll				Vice-President Name n/a			
Street Address 10 Charles Street				Street Address			
^{City} Providence	State RI	^{Zip} 02904	City	City		Zip	
Secretary Name William R. Landry, Esq.			Treasurer Na	Treasurer Name Richard A. Fritz			
Street Address 30 Exchange Terrace			Street Addre	Street Address 10 Charles Street			
City Providence	State RI	^{Zıp} 02903	City Prov	idence	State RI	^{Z_{ip}} 02904	
8 List ALL directors (names and a	addresses)		In .		box to indicate	an attachment 🗹	
Thomas P. Enright, DMD				Director Name Diana Franchitto			
Street Address 1052 Main Street			Street Addre	Street Address 1085 North Main Street			
^{City} Warren	State RI	^{Z_{ip}} 02885	City Providence		Stale RI	^{Zip} 02904	
Director Name Christine Gadbois				Director Name Jonathan W. Hall			
Street Address 400 Massasoit Ave.; Suite 113			Street Address 3 Reverie Lane City				
City East Providence	State RI	^{Zıp} 02914	City Linco	City Lincoln		^{Zip} 02865	
9. Shares Authorized 10. Shares Issued Check the bo						an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		1,000			STK \$1.0000		
			<u> </u>		V 1.0000		
11. This report must be executed	on hehalf of the or	propretion by an a	uthorized reor	esentative. If the corr	oration is in th	e hands of a re-	
ceiver or trustee, this report must	be executed on be	ehalf of the corpor	ation by the re	eceiver or trustee.			
Under penalty of perjury, I deci-	are and affirm the	at I have examine	d this report,	, including any acco	ompanying sch	nedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
William R. Landry					03/ <u>6</u> /25		
Signature of Authorized Represer	ntative				·-···		
_ was							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Attachment to 2025 Annual Report

7. Officers (cont.)

Assistant Secretary Melissa Gennari

10 Charles Street

Providence, RI 02903

Assistant Treasurer Duane Easter

10 Charles Street

Providence, RI 02903

8. Director (cont.)

Peter C. Hayes

146 Westminster Street Providence, RI 02903

Junior Jabbie

582 Great Road, Suite 101

North Smithfield, RI 02896

Colin P. Kane

20 Newman Ave., - Ste 1005

Rumford, RI 02916

Marc A. Paulhus

One Citizens Plaza, 12th Fl

Providence, RI 02904

Heather A. Provino

461 Main Street – Suite A

East Greenwich, RI 02818

James V. Rosati

One Beacon Centre

Warwick, RI 02886

Steven Issa

40 Westminster Street

Providence, RI 02903

Michael F. Sabitoni

410 South Main Street

Providence, RI 02903

Edwin J. Santos

825 Chalkstone Avenue

Providence, RI 02908

Mark A. Shaw

40 Van Wickle Lane

Bristol, RI 02809

Elizabeth L. Catucci

6 Blackstone Valley Place

Lincoln, RI 02865