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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: AMENDED2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D
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1. Entity ID Number 001780448		2. Exact name of the Corporation OTR Rhode Island, P.C.			
3. Principal Office Address 2500 Murfreesboro Pike, Suite 105-396			City Nashville	State TN	Zip 37217
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dental support organization.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Dr. Danny Blaine Leeds, DDS			Vice-President Name		
Street Address 1805 Sherwood Lane			Street Address		
City Nashville	State TN	Zip 37216	City	State	Zip
Secretary Name Dr. Danny Blaine Leeds, DDS			Treasurer Name		
Street Address 1805 Sherwood Lane			Street Address		
City Nashville	State TN	Zip 37216	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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1,000	CLASS/SERIES CWP	PAR VALUE 0.0100	
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 Jordan Lynch				Date 9/10/2025	
Signature of Authorized Representative 					

FILED 1:01P

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

SEP 11 2025

BY

FORM 630 - Revised: 2/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 11, 2025 01:01 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

