



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

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 12 2024
BY 5930
PS

1. Entity ID Number 000127177		2. Exact name of the Corporation John S. Kacewicz, D.M.D., Inc.			
3. Principal Office Address 990 Main Street			City East Greenwich	State RI	Zip 02818
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE ORTHODONTIC SERVICES TO PATIENTS REQUESTING SUCH SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael S. Kacewicz DMD			Vice-President Name Michael S. Kacewicz DMD		
Street Address 990 Main Street			Street Address 990 Main Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Michael S. Kacewicz DMD			Treasurer Name Michael S. Kacewicz DMD		
Street Address 990 Main Street			Street Address 990 Main Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael S. Kacewicz DMD			Director Name		
Street Address 990 Main Street			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	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 Joseph R. Marion III, Esq.					Date 3/11/24
Signature of Authorized Representative 					

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