



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 5567		2. Name of Corporation Custom Dental Laboratory, Ltd.	
3. Street Address Principal Business Office 27 Sumner Brown Rd		City Cumberland	State RI
4. Business Phone No. 401-333-9111		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kazimierz Zalewski		Vice President Name Zeneta Klara	
Street Address 4 Duke Rd		Street Address 27 Sumner Brown Rd	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name		Treasurer Name Martin Klara	
Street Address		Street Address 27 Sumner Brown Rd	
City	State	City Cumberland	State RI
Zip		Zip 02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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Director Name		Director Name	
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Director Name		Director Name	
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City	State	City	State
Zip		Zip	

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.

FILED
File Date _____
Check No. **JAN 24 2008**
By: **By 4406**
FOR SECRETARY OF STATE USE ONLY

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.

contained herein are true and correct.

Martin GKlar 11/15/08
Signature Date

MARTIN KLARA
Print or Type Name

Treasurer
Title