

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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 falling or refusing to 5% in the samuel experimental states.

law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.						
1. Corporate ID No. 2. Name of Corporation						
5561 Custom Dental Caboratory Ltd.						
3. Street Address Principal Business (		) (	City	State	Zip	
4. Business Phone No.	NOWN!	5. State of Incorporation	Lumberland	<u>I KJ</u>	02864	
401-333-9111 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)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Kazimierz Zalewski			Leneta Klara			
Street Address			Street Address			
City   State   Zip			27 Summer Brown Rd			
Comberland	I RI	02864	Compertand	State R	02864	
Secretary Name			Treasurer Name			
			Martin Klaea			
Streel Address			Street Address			
City	State	lav.	2/ Sumner	<u>Brown Kd</u>	~	
ONI	Sinie	Zip	alan was be done	State R 1	Zip	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	 	ACHMENT) THE IN SPACE	' '     ES BEFORE USING AT	LOZS64	
Director Name			Director Name	LO DEL CKE COMING ME	MOHIMENTS	
			<u>.</u>			
Street Address			Street Address			
City	State	a.				
cay	зиие	Zip	City	State	Zip	
Director Name			Director Name			
			Diector Name			
Street Address			Street Address			
<u></u>	T				<u> </u>	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED C"	 Y" ROY FOR ATTEME	ZZZZZZNOT	10. CITATIO TOCTURE CRITE			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION IN		VI). 📋	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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2000 Comm	NO PARVA	LUE	100	11 - 12 - 04 - C - C - C - C - C	NO PAR	
This many the second						
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.						
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File Date	FILED
Check No.	JAN 2 4 2008
<sub>ву.</sub> Ву.	4406
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	t I have examined this report.
including any accompanying schedules and states	ments, and that all statements
contained herein are true and correct.	
Martin GKlarc	1/15/08
Signature	Date
MARTIN KLORA	•
Print or Type Name	
Treasurer	
Title	
	F (20 D +20/)