

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 2 Zip			27 Summer Brown Rd			
Comberland	1 R1	02864	Comperland	State D1	02864	
Secretary Name			Treasurer Name			
			Martin Klaea			
Street Address		•	Street Address			
City	Ct.	T	2/ Sumner	Brown Kd		
Crit	State	Zip	Calyn	State Q	Zip	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	 - 	E COMPUTE TO SPACE		102864	
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	LO DEFORE GOING AL	IACHMEN 15	
			•			
Street Address			Street Address			
711	1 -					
City	State	Zip	City	State	Zip	
Director Name			Divertor Mana			
27777			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
O CHARES AUTHORIZED C"	V" POV FOR THE	ZT14772777			l	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X"		V1). []	
	Class/Series	Par Value	ISSUED SHARES — THIS SECTION N Number of Shares	Class/Series	Ban Vale	
	780.4		The state of state of	Gruss/Jer les	Par Value	
2000 Comm NO PARVALUE			100		NO PAR	
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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.						
uns report must be executed of	n behalf of the corpor	ration by the receiver of	r trustee.			

File Date	FILED
Check No.	JAN 2 4 2008
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	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/)