



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 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.<br>1300   |              | 2. Name of Corporation<br>ARISTOCRAT DENTAL LABORATORY, INC. |   |              |              |
| 3. Street Address Principal Business Office<br>868 CHARLES STREET   |              |  | City<br>NORTH PROVIDENCE  | State<br>RI  | Zip<br>02904 |
| 4. Business Phone No.<br>401 728 0486   |              | 5. State of Incorporation<br>Rhode Island                    |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>REPAIR FALSE TEETH & DENTAL APPLIANCES AND TO MAKE OTHER INVESTMENTS |              |  |   |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                   |              |  |   |              |              |
| President Name<br>ANTHONY R. MACARI, JR.  |              |  | Vice President Name<br>Anthony R. Macari, Jr.                       |              |              |
| Street Address<br>201 Crestfield Lane   |              |  | Street Address<br>201 Crestfield Lane                               |              |              |
| City<br>North Kingstown   | State<br>RI  | Zip<br>02852   | City<br>North Kingstown   | State<br>RI  | Zip<br>02852 |
| Secretary Name<br>Fay Macari  |              |  | Treasurer Name<br>Anthony R. Macari, Jr.                            |              |              |
| Street Address<br>63 Charlotte Street   |              |  | Street Address<br>201 Crestfield Lane                               |              |              |
| City<br>North Providence  | State<br>RI  | Zip<br>02904   | City<br>North Kingstown   | State<br>RI  | Zip<br>02852 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                  |              |  |   |              |              |
| Director Name<br>None   |              |  | 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES   |              |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
| Number of Shares  | Class/Series | Par Value  | Number of Shares  | Class/Series | Par Value    |
| 500   | Common       | No Par Value   | 500   | Common       | no par       |

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.

File Date **FILED**  
Check No. **MAY 30 2008**  
By: **059458 11:35**  
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.

Signature **Anthony R. Macari, Jr.** Date  
Print or Type Name  
**President**  
Title