



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1300 2. Name of Corporation ARISTOCRAT DENTAL LABORATORY, INC.

3. Street Address Principal Business Office 868 CHARLES STREET City NORTH PROVIDENCE State RI Zip 02904

4. Business Phone No. 4017254080 5. State of Incorporation RHODE ISLAND 6. SIC Code 1883

7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR FALSE TEETH & DENTAL APPLIANCES AND TO MAKE OTHER INVESTMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Anthony R. Macari, Jr. Street Address 201 Crestfield Lane City North Kingstown State RI Zip 02852	Vice President Name Anthony R. Macari, Jr. Street Address 201 Crestfield Lane City North Kingstown State RI Zip 02852
Secretary Name Fay Macari Street Address 63 Charlotte Street City North Providence State RI Zip 02904	Treasurer Name Anthony R. Macari, Jr. Street Address 201 Crestfield Lane City North Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None Street Address City State Zip	Director Name None Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		500		None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 0 0
FILED

1300 DBC 03/07/05 03:17:02 PM
File Date **MAY 30 2008**
Check No. **059458 11:35**
By: _____
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.

Anthony R. Macari, Jr. 3/15/05
Signature of Officer Date
Anthony R. Macari, Jr.
Print or Type Name of Officer
President
Title of Officer

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
MAY 30 2008 11:35 AM
05 OCT 12 AM 11:34
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