

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

. 2009

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(cGd)) is subject to a penalty fee of \$25.00.

1 Corporate ID No 106813	2 Name of Cor	subject to a penalty fee of \$25.00. 2. Name of Corporation Vital Oral Art Dental Laboratory, Co.			
3. Street Address Principal Business Office 778 Reservoir Avenue			Granston	State RI	<i>гу</i> 02910
4 Business Phone No. 5. State of Incorpor 401-943-7178 RHODE ISL/			alion.		
	ental laboratory inclu	iding but not limited to th	e manufacture of crowns, b		
7. NAMES AND ADDR	RESSES OF THE OFF	ICERS: ("X" BOX FOR A	ATTACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
Timothy Won Bum Chung			Vice President Name Kyung Ja Lee		
Street Address			Street Address		
778 Reservoir Ave	nue		778 Reservoir Ave	nue	
Cranston	State RI	^{Ζφ} 02910	City Cranston	State RI	<i>Zip</i> 02910
Wha Ju Park			Treasurer Name Timothy Won Bum Chung		
Street Address 778 Reservoir Avenue			Soleet Address 778 Reservoir Avenue		
City Cranston	State RI	<i>Ζ</i> ιρ 02910	Cup Cranston	State RI	<i>z</i> ₩ 02910
	esses of the diri	ECTORS: ("X" BOX FOR	ATTACHMENT) [FILL I	n spaces before usin	
Director Name Timothy Won Rum	Chung		Director Name		
Timothy Won Bum Chung Straes Address			Street Address		
778 Reservoir Avenue					
City	State	Zip	City	State	Zip
Cranston Director Name	JRI	02910			
Director rame			Director Name		
Straet Address			Street Address		
Сиу	State	Zy)	Citγ	State	Zip
9. SHARES AUTHORE AUTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT)		D <i>("X" BOX FOR ATTAC</i>) ECTION <u>MUST</u> BE COMPLETED	
Number of Shares Class/Series Par Value			Number of Shares	Class/Scries	Par Value
1,000 No Par Value			100	Common	None
		notes and the second se			
This report must be ex	ecuted on behalf of t	he corneration by an audi	orized representative. If the	correction is in the 3 - 1	0.05.0
his report must be exe	cuted on behalf of th	e corporation by the recei	iver or trustee.	corporation is in the name	s of a receiver of flustee
			Under penalty of	perjury, I declare and affirm	that I have examined this re
	21 10			ompanying schedules and strage true and correct	atements, and that all stater
File Date	26-09		_	(M)	2/10/01
	907/		Signature 2		Dote
By: MMC FOR SECRETARY OF STATE USE ONLY			Timothy Won Bum Chung Print or Type Name		
			, on spendim	STAL COL OTHER	