



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 21699		2. Name of Corporation Precision Craft Dental Laboratory, Inc.			
3. Street Address Principal Business Office 37 Thurber Blvd, Unit 2			City Smithfield	State RI	Zip 02917
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN AND OPERATE A DENTAL LABORATORY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Napolitano			Vice President Name NONE		
Street Address 37 Thurber Blvd, Unit 2			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Richard Napolitano			Treasurer Name NONE		
Street Address 37 Thurber Blvd, Unit 2			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Napolitano			Director Name NONE		
Street Address 37 Thurber Blvd, Unit 2			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
600 NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES -- THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series	Par Value		
100		Common	NO PAR VALUE		

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	3-3-09
Check No.	3690
By:	MNC
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: Date: 1-31-09 RN
Richard Napolitano
Print or Type Name
President
Title