



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 2011

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

1. Corporate ID No. 542789		2. Name of Corporation Dent Concepts, Inc.			
3. Street Address Principal Business Office 942 Mineral Spring Avenue			City North Providence	State Rhode Island	Zip 02904
4. Business Phone No. 401-435-3368		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island operation of a business that performs paint free dent repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony G. Natale			Vice President Name Costantino Natale		
Street Address 942 Mineral Spring Avenue			Street Address 942 Mineral Spring Avenue		
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
Secretary Name Anthony G. Natale			Treasurer Name Costantino Natale		
Street Address 942 Mineral Spring Avenue			Street Address 942 Mineral Spring Avenue		
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony G. Natale			Director Name Costantino Natale		
Street Address 942 Mineral Spring Avenue			Street Address 942 Mineral Spring Avenue		
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series common	Par Value 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.

FILED

File Date	FEB 10 2011
Check No.	By <i>mmc</i>
By:	11022
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 G. Natale 2/8/11
Signature Date
Anthony G. Natale
Print or Type Name
President
Title