



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 2012

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. 000130438		2. Name of Corporation Dental Replacements, Inc.			
3. Street Address Principal Business Office 9 Green St.			City Fairhaven	State MA	Zip 02719
4. Business Phone No. 401-709-2443		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island Temporary Help Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven D. Romsey			Vice President Name Steven D. Romsey		
Street Address 9 Green St.			Street Address 9 Green St.		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA	Zip 02719
Secretary Name Patricia B. Romsey			Treasurer Name Steven D. Romsey		
Street Address 9 Green St.			Street Address 9 Green St.		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA	Zip 02719
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name 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 15,000 COMM. NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	Class/Series	Par Value
			1000	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.

FILED

File Date JAN 09 2012

Check No. 3555

By: Patricia B. Romsey

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.

Patricia B. Romsey 1/6/12
Signature Date

Patricia B. Romsey
Print or Type Name

Secretary/Mgr.
Title