



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000000068		2. Exact name of the Corporation Newport Dental Prosthetics, LTD			
3. Principal office address 510 East Main Rd.		City Middletown		State RI	Zip 02842
4. Business Phone No. 401-849-3992		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Fabricate Dental Prosthetics					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donald F Lee Sr			Vice-President Name Donald F Lee Sr		
Street Address 510 East Main Rd.			Street Address 510 East Main Rd.		
City Middletown		State RI	Zip 02842	City Middletown	
State RI		Zip 02842	State RI		Zip 02842
Secretary Name Donald F Lee Sr			Treasurer Name Donald F. Lee Sr		
Street Address 510 East Main Rd.			Street Address 510 East Main Rd.		
City Middletown		State RI	Zip 02842	City Middletown	
State RI		Zip 02842	State RI		Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donald F. Lee Sr			Director Name		
Street Address 510 East Main Rd.			Street Address		
City Middletown		State RI	Zip 02842	City	
State RI		Zip 02842	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. SHARES AUTHORIZED			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	CNP	NO PAR

FILED

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 FEB 22 2012

Check No _____

By: 7211

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.

Donald F Lee Sr. 2/21/12
 Signature of Authorized Representative Date

Donald F. Lee Sr
 Print or Type Name of Authorized Representative