



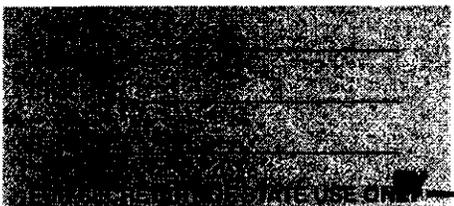
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 150871		2. Exact name of the Corporation Denti Serv Corporation			
3. Principal office address 120 Broadcommon Road			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-254-1110		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Sales and service for dental supplies					
President Name Joseph Savino			Vice-President Name Same		
Street Address 27 Cedar Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES ISSUED (* 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	
		100	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

JUN 13 2012

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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.

Joseph Savino
 Signature of Authorized Representative
 Date **6-12-12**
 Print or Type Name of Authorized Representative **Joseph Savino**
 Date **6-12-12**