



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** 2014

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. <u>542789</u>		2. Exact name of the Corporation <b>Dent Concepts, Inc.</b>				
3. Principal office address <b>942 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>401-435-3368</b>		5. State of Incorporation <b>Rhode Island</b>				
6. Brief description of the character of business conducted in Rhode Island <b>paint free dent repair</b>						
President Name <b>Anthony G. Natale</b>			Vice-President Name <b>Costantino Natale</b>			
Street Address <b>942 Mineral Spring Avenue</b>			Street Address <b>942 Mineral Spring Avenue</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
Secretary Name <b>Anthony G. Natale</b>			Treasurer Name <b>Costantino Natale</b>			
Street Address <b>942 Mineral Spring Avenue</b>			Street Address <b>942 Mineral Spring Avenue</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
<b>LIST OF DIRECTORS NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT)</b>						
Director Name <b>Anthony G. Natale</b>			Director Name <b>Costantino Natale</b>			
Street Address <b>942 Mineral Spring Avenue</b>			Street Address <b>942 Mineral Spring Avenue</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>SHARES AUTHORIZED</b>						
<b>SHARES ISSUED (SEE BOX FOR ATTACHMENT)</b>						
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
				200	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.



**FILED**

JAN 10 2014

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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.

Anthony Natale 1/2/14  
 Signature of Authorized Representative Date

Anthony Natale  
 Print or Type Name of Authorized Representative