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.	2. Exact name of the Corporation
12391	JOSEPH MORETTI DENTAL LABORATOR, INC.

3. Principal office address	City	State	Zip
21 HAVEN AVENUE	CRANSTON	RI	02920

4. Business Phone No.	5. State of Incorporation
401-942-6600	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
OPERATION OF DENTAL LABORATORY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JOSEPH V. MORETTI, SR.	21 Haven Avenue	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
BEATRICE R. MORETTI	21 Haven Avenue	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
ANTHONY MORETTI	21 Haven Avenue	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
JOSEPH V. MORETTI, SR.	21 Haven Avenue	Cranston	RI	02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JOSEPH V. MORETTI, SR.	21 Haven Avenue	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ('X' BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100 Shares	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.

FOR SECRETARY OF STATE USE ONLY
Fee Date:
Check No.:
By:

FILED
JUN 06 2014
11950

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 V. Moretti SR 6/5/14
Signature of Authorized Representative Date

JOSEPH V. MORETTI, SR.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012