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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 2015

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			
000153448	ALPHA OMEGA ORTHODONTIC LABORATORY INC			
3. Principal office address: 18 GINGER TRAIL		City: COVENTRY	State: RI	Zip: 02816
4. Business Phone No.: 401-228-8229		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: DENTAL LABORATORY				

2015 MAR -2 PM 1:

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

President Name: ERICK CHINCHILLA			Vice-President Name: ERICK CHINCHILLA		
Street Address: 18 GINGER TRAIL			Street Address: 18 GINGER TRAIL		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: ERICK CHINCHILLA			Treasurer Name: ERICK CHINCHILLA		
Street Address: 18 GINGER TRAIL			Street Address: 18 GINGER TRAIL		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

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

Director Name			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

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	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.

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.

Signature of Authorized Representative — Date: 2/10/15

ERICK CHINCHILLA
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date: 1:17 pm
Check No:
By: FILED
MAR 02 2015
By: 243568 KM

Form No. 630
Revised: 01/2012
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