



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. 000153448		2. Exact name of the Corporation 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					
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
7. 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
8. SHARES AUTHORIZED					
9. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
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

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SECRETARY OF STATE
CORPORATIONS DIV

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

1:17 pm
FILED

MAR 02 2015

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By

KM

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.

Erick Chinchilla
Signature of Authorized Representative

2/10/15
Date

ERICK CHINCHILLA

Print or Type Name of Authorized Representative