State	of Rhode Island and Pro Office of the Secret	
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615
Business Corporation Annual Report Filing Period: January 1 - March	1	
In accordance with R.I.G.L. 7-1.2 annual report within thirty (30) da (c&d)) is subject to a penalty fee	ys after the time prescribed by	
ANNUAL REPORT YEAR: 201	<u>6</u>	
1. Corporate ID No. 0005	09199	
2. Name of Corporation Cos	metic Dental Lab, INC.	
3. Street Address Principal Bu	isiness Office:	
No. and Street:160 LAVCity or Town:CRANS	VNACRE DR. <u>FON</u> State:	<u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>
4. Business Phone No.		
<u>4013312734</u>		
5. State of Incorporation		
State: <u>RI</u>		
6. Brief Description of the Cha	aracter of Business Conducte	ed in Rhode Island
DENTAL LABORATORY		
7. Names and Addresses of the All officers and directors me Incorporator is no longer a	nust be listed. If officers and/	or directors have been elected, the title
Title	Individual Name	Address
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country 160 LAWNACRE DRIVE
		CRANSTO, RI 02920 USA

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	10,000.00	0
corporation is in the hand corporation by the receive Signed this 3 Day of March individuals signing this inst signatory, under penalties of act and deed of the corpora electronic filing, in complian By <u>LEON ESHKHANIAN</u> Signature of Authorized R	h, 2016 at 1:35:25 P rument constitutes th of perjury, that this in tion, and that the fac nce with R.I. Gen. La	M. This electronic sig the affirmation or ackn estrument is that indivi- ects stated herein are the tws § 7-1.2.	nature of the ind owledgement of idual's act and d	ividual or the eed or the
Signature of Authorized N				