



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000130438

2. Name of Corporation Dental Replacements, Inc.

3. Street Address Principal Business Office:

No. and Street: 9 BEACH DRIVE
City or Town: LITTLE COMPTON State: MA Zip: 02837 Country: USA

4. Business Phone No.

401-709-2443

5. State of Incorporation

State: MA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 81

6. Brief Description of the Character of Business Conducted in Rhode Island

TEMPORARY PLACEMENT AGENCY (FOR DENTAL OFFICES)

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	STEVEN D. ROMSEY	9 GREEN ST. FAIRHAVEN, MA 02719 US
PRESIDENT	STEVEN D ROMSEY	9 GREEN STREET

		FAIRHAVEN, MA 02719- USA
VICE PRESIDENT	STEVEN D. ROMSEY	9 GREEN ST. FAIRHAVEN, MA 02719 US
DIRECTOR	PATRICIA B. ROMSEY	9 GREEN ST. FAIRHAVEN, MA 02719 US
DIRECTOR	PATRICIA B. ROMSEY MS.	9 BEACH DRIVE LITTLE COMPTON, RI 02837 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	15,000.00	1000

9. 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.

Signed this 3 Day of January, 2017 at 4:14:40 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PATRICIA B. ROMSEY
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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