



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000507641		2. Exact name of the Corporation C.E.M. DENTAL SERVICES, INC.			
3. Principal Office Address 25 Oriole Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 339116		6. Brief description of the character of business conducted in Rhode Island OPERATION OF DENTAL LABORATORY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHEN A. MORETTI			Vice-President Name STEPHEN A. MORETTI		
Street Address 25 Oriole Avenue			Street Address 25 Oriole Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name STEPHEN A. MORETTI			Treasurer Name STEPHEN A. MORETTI		
Street Address 25 Oriole Avenue			Street Address 25 Oriole Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Shares	Common	No Par Value
11. 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.					
Name of Authorized Representative STEPHEN A. MORETTI					Date 1/10/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

JAN 22 2018

BY

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