



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

SIGN DOCUMENT HERE

**FILED**

JAN 22 2018

BY

**1238**

FORM 630 - Revised: 10/2017