



State of Rhode Island and Providence Plantations

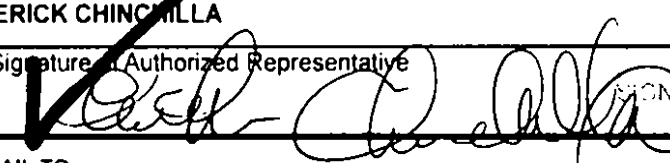
Department of State - Business Services Division

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

JAN 25 2018

BY

3971

1. Entity ID Number 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. NAICS Code 339116		6. Brief description of the character of business conducted in Rhode Island DENTAL LAB												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ERICK CHINCHILLA			Vice-President Name SAME											
Street Address 18 GINGER TR			Street Address											
City COVENTRY	State RI	Zip 02816	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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100	COMMON	NO PAR												
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 ERICK CHINCHILLA					Date 1/18/18									
Signature of Authorized Representative  NON DOCUMENT HERE														