



Department of State - Business Services Division

FILED

Annual Report for the year: **2019**
 Corporation

JAN 10 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY *[Signature]*

1. Entity ID Number 19965		2. Exact name of the Corporation Omega Dental Arts, Inc.			
3. Principal Office Address 100 Minnesota Avenue, Unit 1			City Warwick	State RI	Zip 02888
4. NAICS Code 339116		6. Brief description of the character of business conducted in Rhode Island To own, conduct, maintain and carry on the business of prosthetics and for fabrication of any or all products relating thereto; 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 Kenneth R. Levesque			Vice-President Name Siu Ming Mao		
Street Address 104 Mystic Drive			Street Address 22 Woodcove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Secretary Name Janet M. Levesque			Treasurer Name Chhing Kuy Mao		
Street Address 104 Mystic Drive			Street Address 22 Woodcove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth R. Levesque			Director Name Siu Ming Mao		
Street Address 104 Mystic Drive			Street Address 22 Woodcove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
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	Common	None
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 KENNETH R. LEVESQUE				Date 1-8-19	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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