



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 28 2019

7413

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Annual Report for the year: 2019
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 106813		2. Exact name of the Corporation Vital Oral Art Dental Laboratory, Co.			
3. Principal Office Address 778 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 339114		6. Brief description of the character of business conducted in Rhode Island The operation of a dental laboratory including but not limited to the manufacturing of crowns, bridges, cosmetic veneers and implants.			
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 Timothy Won Bun Chung			Vice-President Name Kyung Ja Lee		
Street Address 778 Reservoir Avenue			Street Address 778 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Wha Ju Park			Treasurer Name Timothy Won Bun Chung		
Street Address 778 Reservoir Avenue			Street Address 778 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Timothy Won Bun Chung			Director Name		
Street Address 778 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/FRSIES Common	PAR VALUL 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 Timothy Won Bun Chung, President					Date
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov