



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

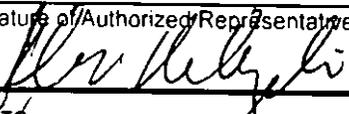
FILED

Annual Report for the year: 2019
Corporation

MAR 11 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 16394 DS

1. Entity ID Number 1318529		2. Exact name of the Corporation DEANGELIS DENTAL STUDIO, INC.			
3. Principal Office Address 114 WAYLAND AVENUE		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 339114		6. Brief description of the character of business conducted in Rhode Island PROSTHETIC DENTAL MANUFACTURING			
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 DANNY DE ANGELIS			Vice-President Name JOEL DE ANGELIS		
Street Address 73 BLUFF AVENUE			Street Address 73 BLUFF AVENUE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name DANNY DE ANGELIS			Treasurer Name ANA DE ANGELIS		
Street Address 73 BLUFF AVENUE			Street Address 73 BLUFF AVENUE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DANNY DE ANGELIS			Director Name		
Street Address 73 BLUFF AVENUE			Street Address		
City CRANSTON	State RI	Zip 02905	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.			NUMBER OF SHARES		CLASS/SERIES
			1,500		CWP
			PAR VALUE		\$1.0000
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 <i>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.</i>					
Name of Authorized Representative DANNY DE ANGELIS				Date 3/1/19	
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