



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 12 PM 2:27

1. Entity ID Number <u>000157385</u>		2. Exact name of the Corporation <u>Merluzzo Dental Laboratory Inc</u>			
3. Principal Office Address <u>1384 Atwood Ave Unit A</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>339114</u>		6. Brief description of the character of business conducted in Rhode Island <u>manufacture of dental appliances.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Robert Merluzzo</u>			Vice-President Name		
Street Address <u>93 Cranberry Terrace</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City	State	Zip
Secretary Name			Treasurer Name		
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 <u>Robert Merluzzo</u>			Director Name		
Street Address <u>93 Cranberry Terrace</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City	State	Zip
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
			<u>150</u>		<u>6.0100</u>
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 <u>Robert Merluzzo</u>					Date <u>6-7-19</u>
Signature of Authorized Representative <u>[Signature]</u>					

FILED
SIGN DOCUMENT HERE

JUN 12 2019

BY

XSV C5

A.A. 2:30pm

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

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