



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

Annual Report for the year: 2019
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 12 PM 2:27

- 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 000157385		2. Exact name of the Corporation Merluzzo Dental Laboratory Inc			
3. Principal Office Address 1384 Atwood Ave Unit A		City Johnston	State RI	Zip 02919	
4. NAICS Code 339114		6. Brief description of the character of business conducted in Rhode Island manufacture of dental appliances.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Merluzzo		Vice-President Name			
Street Address 93 Cranberry Terrace		Street Address			
City Cranston	State RI	Zip 02921	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 Robert Merluzzo		Director Name			
Street Address 93 Cranberry Terrace		Street Address			
City Cranston	State RI	Zip 02921	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	
		150		100 0.0100	
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 Robert Merluzzo				Date 6-7-19	
Signature of Authorized Representative 					

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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov