



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

Annual Report for the year: **2021**
Corporation

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

FILED

MAR 05 2021

BY **5068**

1. Entity ID Number 103927		2. Exact name of the Corporation EAST PROVIDENCE ORTHODONTIC LAB, INC.												
3. Principal Office Address 159 WATERMAN AVENUE		City EAST PROVIDENCE		State RI	Zip 02914									
4. NAICS Code 339116		6. Brief description of the character of business conducted in Rhode Island OPERATION OF AN ORTHODONTIC LABORATORY												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name SCOTT E ROCHE			Vice-President Name CHRISTOPHER L MARCELLO											
Street Address 159 WATERMAN AVENUE			Street Address 159 WATERMAN AVENUE											
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914									
Secretary Name SCOTT E ROCHE			Treasurer Name SCOTT E ROCHE											
Street Address 159 WATERMAN AVENUE			Street Address 159 WATERMAN AVENUE											
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name SCOTT E ROCHE			Director Name CHRISTOPHER L MARCELLO											
Street Address 159 WATERMAN AVENUE			Street Address 159 WATERMAN AVENUE											
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914									
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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">200</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NO PAR VALUE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	COMMON	NO PAR VALUE												
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 SCOTT E ROCHE					Date Feb. 26, 2021									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									