



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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BY

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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			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		
			100	Common	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 3/10/22	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov