



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.

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1. Entity ID Number 000157885		2. Exact name of the Corporation Merluzzo Dental Laboratory, Inc												
3. Principal Office Address 1384 Hartford Avenue, Unit D			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 Robert Merluzzo											
Street Address 1384 Hartford Avenue, Unit D			Street Address 1384 Hartford Avenue, Unit D											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Robert Merluzzo			Treasurer Name Robert Merluzzo											
Street Address 1384 Hartford Avenue, Unit D			Street Address 1384 Hartford Avenue, Unit D											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.		<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;">1500</td> <td style="text-align:center;">STK</td> <td style="text-align:center;">.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1500	STK	.01			
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1500	STK	.01												
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 10/14/2022									
Signature of Authorized Representative 					FILED NOV 16 2022 BY VVKHY 2:25									