



State of Rhode Island

Department of State - Business Services Division

MAY 09 2023

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Annual Report for the year: 2023

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | |
|---|--|--|-------------|
| 1. Entity ID Number 001690106 | | 2. Exact name of the Limited Liability Company Alpha Dental Arts, LLC | |
| 3. NAICS Code 339116 | | 4. Brief description of the character of business conducted in Rhode Island dental laboratory & fabrication | |
| 5. State of Formation Rhode Island | | | |
| 6. Principal Office Address 915 Oaklawn Ave | | City Cranston | State RI |
| | | Zip 02920 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Nektarios Varras | | Contact Title | |
| Street Address 915 Oaklawn Ave | | City Cranston | State RI |
| | | Zip 02920 | |
| 8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person Nektarios Varras | | Date 3/7/2023 | |
| Signature of Authorized Person | | | |

MAIL TO:

Division of Business Services

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