



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

APR 30 2024 STAMP

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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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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	
		200	COMMON	NPV	
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 4-25-2024
Signature of Authorized Representative <i>Scott E. Roche</i>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov