



State of Rhode Island
Department of State - Business Services Division

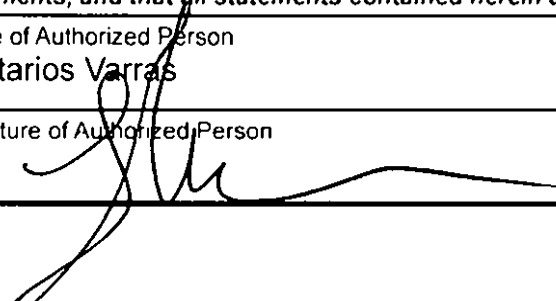
Annual Report for the year: 2024
Limited Liability Company

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

FILED

MAY 01 2024

BY 

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 AND 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 Member		
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.				
9. 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 Person Nektarios Varras			Date 4/30/2024	
Signature of Authorized Person 				

MAIL TO:

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