State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025 PA
BY 2183

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation		
000507641	C.E.M. Dental Services, Inc		
3. Principal Office Address	City	State	Zip
87 Angell Avenue	Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339116	Operation of dental laboratory		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Stephen A Morretti			Vice-President Name: Stephen A Moretti		
Street Address: 87 Angell Avenue			Street Address: 87 Angell Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Stephen A Moretti			Treasurer Name: Stephen A Moretti		
Street Address: 87 Angell Avenue			Street Address: 87 Angell Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100 Shares	Common	No Par Value

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	Date
Stephen A Moretti	1/24/25

Signature of Authorized Representative: Stephen A Moretti

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

FORM 630- Revised: 12/2023