Department of State - Business Services Division

FILED

Annual Report for the year:

APR 08 2025

Corporation

2025

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

(BD)	BY	1606	
(Various)			

1 Entity ID Number	2. Exact name of	f the C	Corporation							
001664151	METICUIC	OUS	PAINTLESS	DENT F	EMOVAL INC					
Principal Office Address	1,3.2,3.,00.,4	***************************************	City			State	Zip			
20 PROVIDENCE ST				WEST	WEST WARWICK			02893		
4 NAICS Code	WEST WARWICK RT 02893 6. Brief description of the character of business conducted in Rhode Island									
811120										
5. State of Incorporation	1									
RI	∐AUTO BOI	Y Y	REPAIR							
7 List ALL officers (names and addresses)				Check the box to indicate an attachment						
President Name			Vice-President Name							
Street Address				Street Address						
City						,				
City	State	Zıp		City		State	Z	Cip		
<u>K</u>				<u> </u>	<u> </u>	l				
Secretary Name				Treasurer Name						
Street Address				Street Address						
City	State	Zıp		City		State	Z	rip		
8. List ALL directors (names and	addresses)	<u>l. </u>		l	Che	ck the box t	to indicate	e an attachment		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zıp		City		State		Zıp		
Director Name			 	Director Name						
Street Address				Street Address						
City	State	Zıp		City Stat		State	Z			
		'		´			l	·		
Shares Authorized	Shares Authorized 10 Shares Issu			d Check the box to indicate an attachment						
This information is currently of record in the					CLASS/SERI	S/SERIES		PAR VALUE		
Department of State.		_	75		CNP		ļ	0		
Changes require an additional t	filing.									
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						Di	Date			
Signature of Authorized Representative										
LESTER LARACUENTE										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov