



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>315846</b>		2. Exact name of the limited liability company <b>Darby Dental Supply, LLC</b>			
3. State of Formation <b>Delaware</b>		4. Brief description of the character of business conducted in Rhode Island <b>Telemarketing of Dental Supplies</b>			
5. Principal office address <b>300 Jericho Quadrangle</b>		City <b>Jericho</b>	State <b>New York</b>	Zip <b>11753</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Gregory Byrnes</b>		Contact Title <b>Accounting Supervisor</b>			
Street Address <b>300 Jericho Quadrangle</b>		City <b>New York</b>	State <b>New York</b>	Zip <b>11753</b>	
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name <b>Please see Attachment</b>		Manager Name <b>Please see Attachment</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**SEP 19 2012**

**BY 205147**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

Signature of Authorized Person

Date

John Stancio  
Print or Type Name of Authorized Person

**Managers of Darby Dental Supply, LLC**  
**Rhode Island Entity ID # 315846**

Michael Ashkin  
800 Corporate Drive , Suite 208  
Fort Lauderdale, FL 33334

Carl Ashkin  
300 Jericho Quadrangle  
Jericho, NY 11753

Michael Caputo  
300 Jericho Quadrangle  
Jericho, NY 11753

Mark Mlotek  
135 Duryea Road  
Melville, NY 11747

James Breslawski  
135 Duryea Road  
Melville, NY 11747

Stanley Bergman  
135 Duryea Road  
Melville, NY 11747

**FILED**

**SEP 19 2012**

**BY** 315846