



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 22240		2. Exact name of the Corporation Rossi & Son Dental Laboratories, Inc.			
3. Principal office address 53 Village Plaza Way			City Scituate	State RI	Zip 02857
4. Business Phone No. 401-934-1139			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of dentures and related products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth C. Rossi			Vice-President Name Kenneth J. Rossi		
Street Address 106 Ashland Drive			Street Address 53 Village Plaza Way		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Americo Rossi			Treasurer Name Irene B. Rossi		
Street Address 53 Village Plaza Way			Street Address 106 Ashland Drive		
City Scituate	State RI	Zip 02825	City Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kenneth C. Rossi			Director Name Kenneth J. Rossi		
Street Address 106 Ashland Drive			Street Address 53 Village Plaza Way		
City Scituate	State RI	Zip 02825	City Scituate	State RI	Zip 02825
Director Name Americo Rossi			Director Name Irene B. Rossi		
Street Address 53 Village Plaza Way			Street Address 106 Ashland Drive		
City Scituate	State RI	Zip 02825	City Scituate	State RI	Zip 02825
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	CNP	\$0.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY 10462

FILED

FEB 05 2013

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.

Kenneth C Rossi 2/4/13
Signature of Authorized Representative Date

Kenneth C Rossi
Print or Type Name of Authorized Representative