



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 FEB 13 PM 1:32

1. Entity ID Number 11380		2. Exact name of the Corporation EASTERN DENTAL LABORATORY CO. INC.			
3. Principal Office Address 917 CHALKSTONE AVE.		City PROVIDENCE		State R.I.	Zip 02908
4. NAICS Code 33	6. Brief description of the character of business conducted in Rhode Island DENTAL LABORATORY				
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID J. VARONE			Vice-President Name EILEEN L. VARONE		
Street Address 3 ROGER WILLIAMS COURT			Street Address 2074 SMITH ST. (APP. 401)		
City GREENVILLE	State R.I.	Zip 02828	City NO. PROVIDENCE	State R.I.	Zip 02911
Secretary Name ROBERT J. VARONE			Treasurer Name DAVID J. VARONE		
Street Address 54 TANGLEWOOD DRIVE			Street Address 3 ROGER WILLIAMS COURT		
City EAST GREENWICH	State R.I.	Zip 02818	City GREENVILLE	State R.I.	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DAVID J. VARONE			Director Name EILEEN L. VARONE		
Street Address 3 ROGER WILLIAMS COURT			Street Address 2074 SMITH ST.		
City GREENVILLE	State R.I.	Zip 02828	City NO. PROVIDENCE	State R.I.	Zip 02911
Director Name ROBERT J. VARONE			Director Name NONE		
Street Address 54 TANGLEWOOD DRIVE			Street Address		
City EAST GREENWICH	State R.I.	Zip 02818	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES		
			CLASS/SERIES		
			COMMON-NO PAR		ISSUED OUTSTANDING
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 DAVID J. VARONE				Date 2-13-2017	
Signature of Authorized Representative <i>David J. Varone</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFILED
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BY *295550*

FORM 630 - Revised: 10/2016