(FR)	

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	
Corporation	2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

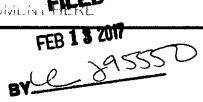
R.I. DEPT. OF STATE
PUR STATE
2017 FEB 13 PH 1:32

1. Entity ID Number	To Evact name	of the Corporation					
11380	1	N DENTAL LA		PY CO INC.			
	DUCTOR	N DEMINE	·····	(I CO. IIIC.	Totala	17: <sub>5</sub>	
3. Principal Office Address 917 CHALKSTONE A	AVE.		City PROVI	IDENCE	State R.I.	Zip 02908	
4. NAICS Code	6. Brief descrip	tion of the characte	er of business	s conducted in Rhode Is	land		
33	D!	ENTAL LABOR	RATORY				
5. State of Incorporation	1						
R.I.							
7. List ALL officers (names and ad	dresses)				he box to in	dicate an attachment 🔲	
President Name DAVID J. VARONE			Vice-Preside E.I.L	ent Name LEEN L. VARONE	<del>-</del>		
Street Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Street Addre		<del></del>	· · · · · · · · · · · · · · · · · · ·	
3 ROGER WILLIAMS		· ·• · · · · · · · · · · · · · · · · ·	207	74 SMITH ST. (	(APP. 4	:01)	
City GREENVILLE	State R.I.	<sup>Zip</sup> 02828	City NO.	PROVIDENCE	State R.I	Zip 02911	
Secretary Name ROBERT J. VARONE			Treasurer Name DAVID J. VARONE				
Street Address 54 TANGLEWOOD DR.				Street Address 3 ROGER WILLIAMS COURT			
City EAST GREENWICH	State R.I.	<sup>Zip</sup> 02818	City GRE	EENVILLE	State R.I.	Zip 02828	
8. List ALL directors (names and a	ddresses)				he box to in	dicate an attachment	
Director Name DAVID J. VARONE				LEEN L. VARONE	Ξ		
Street Address 3 ROGER WILLIAMS			Street Addres	ess 74 SMITH ST.			
City GREENVILLE	State R.I.	<sup>Zip</sup> 02828	City NO.	PROVIDENCE	State R.I	. <sup>Zip</sup> 02911	
Director Name ROBERT J. VARONE	Director Name NONE						
Street Address 54 TANGLEWOOD DRI			Street Addres	SS			
<sup>City</sup> EAST GREENWICH	State R.I.	<sup>Zip</sup> 02818	City		State	Zip	
9. Shares Authorized		10. Shares Issue				dicate an attachment	
This information is currently of recor Department of State.	rd in the	NUMBER OF S		CLASS/SERIES		PAR VALUE	
		100 SH	IARES	COMMON-NO PA	¹R	ISSUED OUTSTANDING	
Changes require an additional filing.						<u> </u>	
11. This report must be executed or trustee, this report must be execute					ation is in th	e hands of a receiver or	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm tha	at I have examined	d this report,	including any accomp	panying sci	hedules and	
Name of Authorized Representative		Henraic and and	COLLEGE	·	Date		
DAVID J. VARON	E				2-	-1 <b>3</b> -2017	
Signature of Authorized Representa	ative		El'	ED	1		
Darriel J. Va	arune	Son Duck	JIVILIN TH	ERE			

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: 10/2016