



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000029995

2. Name of Corporation RHODE ISLAND DENTAL LABORATORIES ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813910

4. Corporate Address in Rhode Island

No. and Street: 10 HILLVIEW AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE EDUCATION OF ITS MEMBER LABS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DONALD LEE	NEWPORT DENTAL LAB, PO BOX 4518 MIDDLETOWN, RI 02842 USA
TREASURER	SUSAN B SIKES	27 ESSEX ST CRANSTON, RI 02910 USA
SECRETARY	STEPHEN P DENUCCIO	10 HILLVIEW AVE PROVIDENCE, RI 02908 USA
DIRECTOR	STEPHEN P. DENUCCIO	10 HILLVIEW AVENUE PROVIDENCE, RI 02908 USA
VICE PRESIDENT	KENNETH VOTOLATO	147 ORCHARD ST WAKEFIELD, RI 02879 USA
DIRECTOR	KENNETH VOTOLATO	147 ORCHARD ST WAKEFIELD, RI 02879 USA
DIRECTOR	DONALD LEE	NEWPORT DENTAL LAB, PO BOX 4518 NEWPORT, RI 02842 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

STEPHEN P. DENUCCIO 10 HILLVIEW AVENUE PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of June, 2018 at 9:45:43 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SUSAN B SIKES
Signature of Authorized Person

Form No. 631
Revised 09/07