RI SOS Filing Number: 201910525700 Date: 8/5/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
29995	RHODE ISLAND DENTAL LABORATORIES ASSOCIATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: The education of its member labs
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
10 Hillview Ave	Providence	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Donald Lee	Kenneth Votolato
Street Address: Newport Dental Lab, PO Box 4518	Street Address: 147 Orchard ST
City: Newport / State: RI / Zip: 02842	City: Wakefield / State: RI / Zip: 02879
Secretary Name: Stephen P. DeNuccio	**Treasurer Name:** Susan B. Sikes
Street Address: 10 Hillview Ave	Street Address: 27 Essex St
City: Providence / State: RI / Zip: 02908	City: Cranston / State: RI / Zip: 02910

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Donald Lee	Kenneth Votolato
Street Address: Newport Dental Lab, PO Box 4518	Street Address: 147 Orchard ST
City: Newport / State: RI / Zip: 02842	City: Wakefield / State: RI / Zip: 02879
Director Name: Stephen P DeNuccio	Director Name:
Street Address: 10 Hillview Ave	Street Address:
City: Providence / State: RI / Zip: 02908	City: / State: / Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Susan B. Sikes	7/30/19

Signature of Officer/Authorized Representative: Susan B. Sikes

FILED

AUG 05 2019 KM

BY

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 631 - Revised: 06/2019