



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

SEP 03 2019

16213

1. Entity ID Number 000063349		2. Exact name of the Corporation MAIN STREET DENTAL LABORATORY, LTD			
3. Principal Office Address 147 ORCHARD AVENUE		City WAKEFIELD		State RI	Zip 02879
4. NAICS Code 339116		6. Brief description of the character of business conducted in Rhode Island DENTAL LAB			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name KENNETH VOTOLATO, SR			Vice-President Name KENNETH VOTOLATO, JR		
Street Address 35 LYNDON ROAD			Street Address 35 LYNDON ROAD		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name KENNETH VOTOLATO, SR			Treasurer Name KENNETH VOTOLATO, JR		
Street Address 35 LYNDON ROAD			Street Address 35 LYNDON ROAD		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name KENNETH VOTOLATO, SR			Director Name		
Street Address 22 LYNDON ROAD			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 PAR VALUE		
			600 STK 0.00		
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 KENNETH VOTOLATO, JR					Date 8/26/2019
Signature of Authorized Representative SIGN DOCUMENT HERE					

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: 10/2017