



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 CORPORATIONS DIV
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Annual Report for the year: **2019**
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 876726		2. Exact name of the Limited Liability Company 37 Thurber Boulevard, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island To maintain and operate a dental lab.			
5. State of Formation Rhode Island					
6. Principal Office Address 37 Thurber Boulevard, Unit 2			City Smithfield	State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Richard Napolitano			Contact Title Member		
Street Address 37 Thurber Boulevard, Building B			City Smithfield	State RI	Zip 02917
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Richard Napolitano, Member				Date 10/19/19	
Signature of Authorized Person 					

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

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