



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001682098

2. Exact Name of the Limited Liability Company Scion Dental, LLC

3. State of Formation

State: WI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524292

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

BENEFITS ADMINISTRATOR-NO BUSINESS AT THIS TIME-SCION DENTAL MERGED INTO ITS PARENT COMPANY, SKYGEN USA, LLC, IN 2019

5. Principal Office Address

No. and Street: N92W14612 ANTHONY AVENUE

City or Town: MENOMONEE FALLS

State: WI Zip: 53051 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: W140N8981 LILLY ROAD

City or Town: MENOMONEE FALLS

State: WI Zip: 53051 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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MANAGER	CRAIG ROBERT KASTEN	10201 N PORT WASHINGTON ROAD MEQUON , WI 53092 USA
MANAGER	JAMES PURKO	W146N8981 LILLY RD MENOMONEE FALLS, WI 53051 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of October, 2021 at 8:21:36 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 § 7-16.

By JAMES PURKO
Signature of Authorized Person

Form No. 632
Revised 09/07

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