



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

AUG 17 2022

12796

1. Entity ID Number 000036964		2. Exact name of the Corporation WESTERLY DENTAL LAB INC												
3. Principal Office Address 9 PIERCE ST			City WESTERLY	State RI	Zip 02891-0262									
4. NAICS Code 339116		6. Brief description of the character of business conducted in Rhode Island DENTAL LAB												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name FRANK C JOHNSON			Vice-President Name											
Street Address 24 JULIE COURT			Street Address											
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name SAME			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMOM</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMOM	NO PAR			
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100	COMMOM	NO PAR												
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 FRANK C JOHNSON III				Date 3/4/2022										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov