RI SOS Filing Number: 202326991040 Date: 1/31/2023 1:58:00 PM



2023 JAN 31 PM 1:57

STAMP

Annual Report for the year:  $\frac{2022}{}$ 

**Limited Liability Company** 

- → Filing period: February 1 May 1
- → Filing Fee. \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001669385	PRECISION CRAFT DENTAL LABORATORY, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island DENTAL LABORATORY			
339116				
5 State of Formation				
RI				
Principal Office Address		City	State	Zıp
3659 TAMPA ROAD		OLDSMAR	FL	34677
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name MANISH ARORA		Contact Title CFO		
Street Address 3659 TAMPA ROAD		C:ty OLDSMAR	State FL	<sup>Zip</sup> 34677
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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 Person			Date	
MANISH ARORA			01/20/2023	
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 **FILED** 

JAN 31 2023

FORM 632 - Revised