



**State of Rhode Island  
Department of State - Business Services Division**

31711 P

Annual Report for the year: **2023**

Corporation \_\_\_\_\_

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>000022240</b>		2. Exact name of the Corporation <b>ROSSI &amp; SON DENTAL LABORATORIES, INC.</b>	
3. Principal Office Address <b>53 VILLAGE PLAZA WAY</b>		City <b>NORTH SCITUATE</b>	State <b>RI</b>
		Zip <b>02857</b>	
4. NAICS Code <b>339116</b>	6. Brief description of the character of business conducted in Rhode Island <b>Dental laboratory primarily engaged in manufacturing dentures, crowns, bridges, and orthodontic appliances customized for individual application.</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kenneth C. Rossi</b>		Vice-President Name <b>Kenneth J. Rossi</b>	
Street Address <b>106 Ashland Road</b>		Street Address <b>53 Village Plaza Way</b>	
City <b>North Scituate</b>	State <b>RI</b>	City <b>North Scituate</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02857</b>	
Secretary Name <b>Americo Rossi</b>		Treasurer Name <b>Irene B. Rossi</b>	
Street Address <b>53 Village Plaza Way</b>		Street Address <b>106 Ashland Road</b>	
City <b>North Scituate</b>	State <b>RI</b>	City <b>North Scituate</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02857</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Kenneth C. Rossi</b>		Director Name <b>Kenneth J. Rossi</b>	
Street Address <b>106 Ashland Road</b>		Street Address <b>53 Village Plaza Way</b>	
City <b>North Scituate</b>	State <b>RI</b>	City <b>North Scituate</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02857</b>	
Director Name <b>Americo Rossi</b>		Director Name <b>Irene B. Rossi</b>	
Street Address <b>53 Village Plaza Way</b>		Street Address <b>106 Ashland Road</b>	
City <b>North Scituate</b>	State <b>RI</b>	City <b>North Scituate</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02857</b>	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		<small>NUMBER OF SHARES                      CLASS/SERIES                      PAR VALUE</small>	
		<b>300                      CNP                      \$0.00</b>	
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.			
<b>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.</b>			
Name of Authorized Representative <b>David M. D'Agostino, Agent and Attorney in Fact</b>			Date <b>January 9, 2024</b>
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

**FILED**  
**JAN 10 2024**  
**3:04 BY [Signature] RG140J**