



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

Annual Report for the year: **2021**

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
RI DEPT. OF STATE
BUS. SVCS DIV.

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

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

JAN 10 2024
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