



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation _____

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

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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	Zip 02857	City North Scituate	
State RI		Zip 02857	State RI		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	Zip 02857	City North Scituate	
State RI		Zip 02857	State RI		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	Zip 02857	City North Scituate	
State RI		Zip 02857	State RI		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	Zip 02857	City North Scituate	
State RI		Zip 02857	State RI		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.ri.gov

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