



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

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 | 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 |
| | | 300 | CNP |
| | | PAR VALUE | \$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 02904-2015

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 10 2024

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BY ML RG40J