



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 | Zip 02857 | City North Scituate | 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 |
| 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 |
| 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 |
| 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 02904-2075
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 10 2024
3:00 BY ML RGL/BJ