



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

Annual Report for the year: **2018**

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>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</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>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</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>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</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>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>300</b>		<b>CNP</b>	<b>\$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**

2:59 JAN 10 2024  
BY: ML RG405