



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 22240		2. Name of Corporation Rossi & Son Dental Laboratories, Inc.					
3. Street Address Principal Business Office 53 Village Plaza Way				City Scituate	State R.I.	Zip 02857	
4. Business Phone No. (401) 934-1139			5. State of Incorporation RHODE ISLAND			6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE AND SALE OF DENTURES AND RELATED PRODUCTS							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Kenneth C. Rossi				Vice President Name Open			
Street Address 106 Ashland Drive				Street Address			
City Scituate	State R.I.	Zip 02857	City	State	Zip		
Secretary Name Irene B. Rossi				Treasurer Name Irene B. Rossi			
Street Address 106 Ashland Drive				Street Address 106 Ashland Drive			
City Scituate	State R.I.	Zip 02857	City Scituate	State R.I.	Zip 02857		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name NONE				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			300 SHS	Common	No Par		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*22240\*

File Date: 1/28/05  
Check No.: 6439  
By: W.  
FOR SECRETARY OF STATE USE ONLY

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.

*Kenneth C. Rossi* 1/24/05  
Signature of Officer Date

KENNETH C. ROSSI

Print or Type Name of Officer

President

Title of Officer

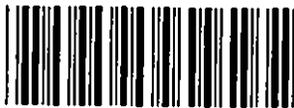


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>22240</b>		2. Name of Corporation <b>Rossi &amp; Son Dental Laboratories, Inc.</b>			
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>			City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>
4. Business Phone No. <b>(401) 934-1139</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1883</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MANUFACTURE AND SALE OF DENTURES AND RELATED PRODUCTS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kenneth C. Rossi</b>			Vice President Name <b>Open</b>		
Street Address <b>106 Ashland Drive</b>			Street Address		
City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Irene B. Rossi</b>			Treasurer Name <b>Irene B. Rossi</b>		
Street Address <b>106 Ashland Drive</b>			Street Address <b>106 Ashland Drive</b>		
City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>300 SHS</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 2 2 2 4 0 \*

File Date 3.3.04  
Check No. 5760  
By: rc  
FOR SECRETARY OF STATE USE ONLY

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.

Kenneth C. Rossi 2/20/04  
Signature of Officer Date  
**KENNETH C. ROSSI**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **22240** 2. Name of Corporation **Rossi & Son Dental Laboratories, Inc.**

3. Street Address Principal Business Office **Scituate Village Shopping Center** City **Scituate** State **R.I.** Zip **02857**

4. Business Phone No. **(401) 934-1139** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture & sale of dentures & related products**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Kenneth C. Rossi</b> Street Address <b>106 Ashland Drive</b> City State Zip <b>Scituate R.I. 02857</b>	Vice President Name <b>Open</b> Street Address  City State Zip  
Secretary Name <b>Irene B. Rossi</b> Street Address <b>106 Ashland Drive</b> City State Zip <b>Scituate R.I. 02857</b>	Treasurer Name <b>Irene B. Rossi</b> Street Address <b>106 Ashland Drive</b> City State Zip <b>Scituate R.I. 02857</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>NONE</b> Street Address  City State Zip  	Director Name  Street Address  City State Zip  
Director Name  Street Address  City State Zip  	Director Name  Street Address  City State Zip  

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES <table border="1"> <thead> <tr> <th>Number of Shares</th> <th>Class/Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>NO PAR VALUE</td> <td></td> </tr> </tbody> </table>	Number of Shares	Class/Series	Par Value	1,000	NO PAR VALUE		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES <table border="1"> <thead> <tr> <th>Number of Shares</th> <th>Class/Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>SHS Common</td> <td>No Par</td> </tr> </tbody> </table>	Number of Shares	Class/Series	Par Value	300	SHS Common	No Par
Number of Shares	Class/Series	Par Value											
1,000	NO PAR VALUE												
Number of Shares	Class/Series	Par Value											
300	SHS Common	No Par											

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 2 2 2 4 0 \*

File Date: 1/23/03  
5166

Check No.: \_\_\_\_\_

By: [Signature]

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.

[Signature] 1/26/03  
Signature of Officer Date

**KENNETH C. ROSSI**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

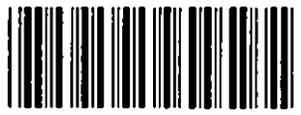
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>22240</b>		2. Name of Corporation <b>Rossi &amp; Son Dental Laboratories, Inc.</b>			
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>			City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>
4. Business Phone No. <b>(401) 934-1139</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1883</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture &amp; sale of dentures &amp; related products</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Kenneth C. Rossi</b>			Vice President Name <b>Open</b>		
Street Address <b>106 Ashland Drive</b>			Street Address		
City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Irene B. Rossi</b>			Treasurer Name <b>Irene B. Rossi</b>		
Street Address <b>106 Ashland Drive</b>			Street Address <b>106 Ashland Drive</b>		
City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares <b>1,000 NO PAR VALUE</b>	Class/Series	Par Value	Number of Shares <b>300 SHS</b>	Class/Series <b>Common</b>	Par Value <b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 2 2 2 4 0 \*

File Date: 2-4-02

Check No.: 4547

By: RMF

FOR SECRETARY OF STATE USE ONLY

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.

Kenneth C Rossi 1/28/02  
Signature of Officer Date

Kenneth C Rossi  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>22240</b>		2. Name of Corporation <b>Rossi &amp; Son Dental Laboratories, Inc.</b>			
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>			City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
4. Business Phone No. <b>(401) 934-1139</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. YOC <b>1885</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture &amp; sale of dentures &amp; related products</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Kenneth C. Rossi</b>			Vice President Name <b>Open</b>		
Street Address <b>106 Ashland Drive</b>			Street Address		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Irene B. Rossi</b>			Treasurer Name <b>Irene B. Rossi</b>		
Street Address <b>106 Ashland Drive</b>			Street Address <b>106 Ashland Drive</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000 NO PAR VAL</b>			<b>300</b>	<b>Common</b>	<b>no par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 2 2 2 4 0 \*

**FILED**

File Date: \_\_\_\_\_  
Check No.: **FEB 16 2001**  
By: *[Signature]* **4024**  
FOR SECRETARY OF STATE USE ONLY

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.

*[Signature]* **1/30/01**  
Signature of Officer Date  
**Kenneth C Rossi**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1331  
401-222-3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>22240</b>		2. Name of Corporation <b>Rossi &amp; Son Dental Laboratories, Inc.</b>	
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>		City <b>Scituate</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 934-1139</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>1883</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture and sale of dentures and related products.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Kenneth C. Rossi</b>		Vice President Name <b>Open</b>	
Street Address <b>106 Ashland Drive</b>		Street Address	
City <b>Scituate</b>	State <b>RI</b>	City	State
Zip <b>02857</b>		Zip	
Secretary Name <b>Irene B. Rossi</b>		Treasurer Name <b>Irene B. Rossi</b>	
Street Address <b>106 Ashland Drive</b>		Street Address <b>106 Ashland Drive</b>	
City <b>Scituate</b>	State <b>RI</b>	City <b>Scituate</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02857</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1000 NO PAR VAL</b>		<b>300 shs.</b>	<b>Common</b>
			<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 2 2 2 4 0 \*

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.

*Kenneth C. Rossi* 3/14/08  
Signature of Officer Date

**Kenneth C. Rossi**  
Print or Type Name of Officer

**President**  
Title of Officer

File Date: **FILED**

Check No.: **FEB 22 2000**

By: *[Signature]* 3436

FOR SECRETARY OF STATE USE ONLY

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>22240</b>		2. Name of Corporation <b>Rossi &amp; Son Dental Laboratories, Inc.</b>			
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>			City <b>Scituate</b>	State <b>R. I.</b>	Zip <b>02857</b>
4. Business Phone No. <b>(401) 934-1139</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture and sale of dentures and related products.</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Kenneth C. Rossi</b>			Vice President Name <b>Open</b>		
Street Address <b>106 Ashland Drive</b>			Street Address		
City <b>Scituate</b>	State <b>R. I.</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Irene B. Rossi</b>			Treasurer Name <b>Irene B. Rossi</b>		
Street Address <b>106 Ashland Drive</b>			Street Address <b>106 Ashland Drive</b>		
City <b>Scituate</b>	State <b>R. I.</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>R. I.</b>	Zip <b>02857</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000 NO PAR VAL</b>			<b>300 SHS</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Jan 21, 99  
 Check No.: 2844  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/11/99  
 Signature of Officer Date  
**KENNETH C. ROSSI**  
 Print or Type Name of Officer  
**President**  
 Title of Officer

1998



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporation No. <b>22240</b>		2. <b>Rossi &amp; Son Dental Laboratories, Inc.</b>	
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>			City <b>Scituate</b>
			State <b>Rhode Island</b>
			Zip <b>02857</b>
4. Business Phone No. <b>(401) 934-1139</b>		5. <b>RHODE ISLAND</b>	
6. <b>1883</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture and sale of dentures and related products</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Kenneth C. Rossi</b>		Vice President Name <b>Open</b>	
Street Address <b>106 Ashland Drive</b>		Street Address	
City <b>Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>	
Secretary Name <b>Irene B. Rossi</b>		Treasurer Name <b>Irene B. Rossi</b>	
Street Address <b>106 Ashland Drive</b>		Street Address <b>106 Ashland Drive</b>	
City <b>Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>	City <b>Scituate</b>
			State <b>Rhode Island</b>
			Zip <b>02857</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>No Directors</b>		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
<b>1000 NO PAR VAL</b>			<b>300</b>
			<b>Common</b>
			<b>Without Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 2 2 2 4 0 \*

File Date: 4/9/98  
Check No.: 2533  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 4/7/98  
Signature of Officer Date  
Kenneth C. Rossi  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>22240</b>		2. Name of Corporation <b>Rossi &amp; Son Dental Laboratories, Inc.</b>					
3. Street Address Principal Business Office <b>Scituate Village Shopping Center</b>				City <b>Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>	
4. Business Phone No. <b>(401) 934-1139</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>1883</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>manufacture and sale of dentures and related products</b>							
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>							
President Name <b>Kenneth C. Rossi</b>				Vice President Name <b>Open</b>			
Street Address <b>106 Ashland Drive</b>				Street Address			
City <b>Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>		City	State	Zip	
Secretary Name <b>Irene B. Rossi</b>				Treasurer Name <b>Irene B. Rossi</b>			
Street Address <b>106 Ashland Drive</b>				Street Address <b>106 Ashland Drive</b>			
City <b>Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>		City <b>Scituate</b>	State <b>Rhode Island</b>	Zip <b>02857</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>							
Director Name <b>No Directors</b>				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>							
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value	
<b>1000 NO PAR VAL</b>				<b>300</b>	<b>common</b>	<b>without par</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/24/97  
Check No.: 1891  
By: [Signature]

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.

Kenneth C Rossi 3/20/97  
Signature of Officer Date  
Kenneth C Rossi  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 22240		2. NAME OF CORPORATION Rossi & Son Dental Laboratories, Inc.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Scituate Village Shopping Center				CITY Scituate		STATE RI	ZIP CODE 02857
4. BUSINESS PHONE NO. (401) 934-1139			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 1683	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND manufacture and sale of dentures and related products							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME Kenneth C. Rossi				VICE PRESIDENT NAME Open			
STREET ADDRESS 106 Ashland Drive				STREET ADDRESS			
CITY Scituate		STATE RI		ZIP CODE 02857		CITY	
SECRETARY NAME Irene B. Rossi				TREASURER NAME Irene B. Rossi			
STREET ADDRESS 106 Ashland Drive				STREET ADDRESS 106 Ashland Drive			
CITY Scituate		STATE RI		ZIP CODE 02857		CITY Scituate	
						STATE RI	
						ZIP CODE 02857	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME No directors				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP CODE		CITY	
						STATE	
						ZIP CODE	
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP CODE		CITY	
						STATE	
						ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES		PAR VALUE	NUMBER OF SHARES	CLASS / SERIES		PAR VALUE
1000 NO PAR VAL	common		correct	300	common		no par value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 1/30/96  
Check No: 1264  
By: CP  
For Secretary of State Use Only

*Kenneth C. Rossi*  
Signature of Officer  
Kenneth C. Rossi  
Print or Type Name of Officer  
President  
Title of Officer  
1-26-96  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95



**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0022240 Annual Report for the year: 1995

Name of Corporation: ROSSI & SON DENTAL LABORATORIES, INC.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:  
n/a

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode  
 Island (Provide street address - Not P.O. Box):  
Rossi & Son Dental Laboratories, Inc.  
Scituate Village Shopping Center  
Scituate, Rhode Island  
 Phone: ( 401 ) 934-1139

Brief statement of the character of business conducted in Rhode Island:  
Manufacture and sale of dentures and  
related products

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Kenneth C. Rossi</u>	<u>106 Ashland Drive,</u>	<u>Scituate RI</u>	<u>02857</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Open</u>			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Irene B. Rossi</u>	<u>106 Ashland Drive</u>	<u>Scituate RI</u>	<u>02857</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Irene B. Rossi</u>	<u>106 Ashland Drive</u>	<u>Scituate RI</u>	<u>02857</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>No directors</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>1000</u> Class / Series <u>common</u> <u>without par</u>	Number of Shares <u>300</u> Class / Series <u>common without par</u>

Date January 30, 19 95  
 By: Kenneth C. Rossi  
 KENNETH C. ROSSI  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 TITLE OF OFFICER SIGNING PRESIDENT

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.  
 DAVID J. McOSKER, ESQ./ Registered Agent  
 420 Angell Street  
 Providence, RI 02906

**FILED**  
 MAR 01 1995  
 By CL 2893

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID 0022240 Annual Report for the year 1994

Name of Business Entity: ROSSI & SON DENTAL LABORATORIES, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
N/A

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Rossi & Son Dental Laboratories, Inc.  
Scituate Village Shopping Center  
Scituate, Rhode Island

Phone: ( 401 ) 934-1139

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

David J. McOsker, Registered Agent  
420 Angell Street  
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:

manufacture and sale of dentures and related products.

Date of Organization: July 1, 1981

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Kenneth C. Rossi 106 Ashland Drive, Scituate, RI 02857

CHIEF OPERATING OFFICER OR  VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Open

CUSTODIAN OF RECORDS OR  SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Irene B. Rossi 106 Ashland Drive, Scituate, RI 02857

CHIEF FINANCIAL OFFICER OR  TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Irene B. Rossi 106 Ashland Drive, Scituate, RI 02857

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE  
No Directors

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>1000</u>	NUMBER	<u>300</u>
CLASS	<u>common</u>	CLASS	<u>common</u>
SERIES	<u>---</u>	SERIES	<u>---</u>
PAR VALUE OR WITHOUT PAR	<u>without par</u>	PAR VALUE OR WITHOUT PAR	<u>without par</u>

Date January 18, 19 95

By: Kenneth C. Rossi  
Kenneth C. Rossi

PRINT OR TYPE NAME OF OFFICER SIGNING  
President

TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

DAVID J. McOSKER  
420 ANGELL STREET  
PROVIDENCE, RI 02906

FILED

JAN 23 1995

By: [Signature]  
2797

Ch. 2798  
(CA)

Corporate ID: 0022240 Annual Report for the year: 1994

Name of Business Entity: ROSSI & SON DENTAL LABORATORIES, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office  
N/A

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Rossi & Son Dental Laboratories, Inc.  
Scituate Village Shopping Center

Scituate, , Rhode Island 02857

Phone: ( 401 ) 934-1139

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

David J. McOsker, Registered Agent

420 Angell Street  
Providence, Rhode Island

Brief statement of the character of business conducted in Rhode Island:

manufacture and sale of dentures and related products

Date of Organization: July 1, 1981

Date of Qualification to do business in Rhode Island (if foreign entity):  
N/A

**THE NAMES OF THE OFFICERS ARE:**

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (NAME) STREET ADDRESS CITY/STATE ZIP CODE  
Kenneth C. Rossi 106 Ashland Drive, Scituate, RI 02857

CHIEF FINANCIAL OFFICER OR  VICE PRESIDENT (NAME) STREET ADDRESS CITY/STATE ZIP CODE  
Open

CLERK (NAME) STREET ADDRESS CITY/STATE ZIP CODE  
 CUSTOMER OR RECORDS OFFICER  SECRETARY (NAME) STREET ADDRESS CITY/STATE ZIP CODE  
Irene B. Rossi 106 Ashland Drive, Scituate, RI 02857

CHIEF FINANCIAL OFFICER OR  TREASURER (NAME) STREET ADDRESS CITY/STATE ZIP CODE  
Irene B. Rossi 106 Ashland Drive, Scituate, RI 02857

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE  
No Directors

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS common

SERIES ---

PAR VALUE OR without par  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 300

CLASS common

SERIES ---

PAR VALUE OR without par  
WITHOUT PAR

Date 12/28 1994

By: Kenneth C. Rossi

Kenneth C. Rossi

PRINT OR TYPE NAME OF OFFICER SIGNING

President Kenneth C. Rossi

TITLE OF OFFICER SIGNING

Form 31 1994

**DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

DAVID J. McOSKER  
420 ANGELL STREET  
PROVIDENCE, RI 02906

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

*2009 mnc*

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0022240..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Rossi & Son Dental Laboratories, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....manufacture and sale of dentures and related products.....

FOURTH: If foreign corporation, address of its principal office.....N/A.....

FIFTH: Business address in Rhode Island.....David J. McOsker, Esq., 420 Angell Street,  
Providence, RI 02906.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

No. Directors	Name	Office	Address (including number, street, zip code)
.....	.....	Director	.....
.....	.....	Director	.....
.....	.....	Director	.....
.....	Kenneth C. Rossi	President	106 Ashland Dr., Scituate, RI 02857
.....	.....	Vice President	.....
.....	Irene B. Rossi	Secretary	106 Ashland Dr., Scituate, RI 02857
.....	Irene B. Rossi	Treasurer	as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	-----	no par

**PAID**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common	-----	no par

**FEB 23 1993**

**SECY OF STATE**

Dated January  19 93

Rossi & Son Dental Laboratories, Inc.  
(Name of Corporation)

By *Kenneth Rossi*

Title President

(Report must be signed by an officer)

1992

Rossi & Son Dental Laboratories, Inc.

Minutes of the Annual Meeting of the  
Stockholder

\*\*\*\*\*

The annual meeting of the stockholder of Rossi & Son Dental Laboratories, Inc., was held on the 4th day of August, 1992, at 4:00 P.M. at the law offices of David J. McOsker, Esq., McOsker, Davignon & Waldman, 420 Angell Street, Providence, Rhode Island.

Present was Kenneth C. Rossi, representing all the outstanding capital stock of the corporation; and corporate counsel David J. McOsker. The stockholder waived written notice for the call of the annual meeting.

The following officers were unanimously elected:

President ..... Kenneth C. Rossi  
Treasurer ..... Irene B. Rossi  
Secretary ..... Irene B. Rossi

The acts, doings and happenings of the corporation and of the officers for the past year were approved, confirmed and ratified.

The Treasurer discussed the financials of the corporation in the nature of a brief financial report, which report was accepted and placed on file.

There being no further business, the annual meeting was unanimously adjourned.

Irene B. Rossi

APPROVED:

Kenneth C. Rossi

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

901639

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0022240 Annual Report for the year 1992

FIRST: The name of the corporation is Rossi & Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island David J. McOsker  
420 Angell Street  
Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Kenneth C. Rossi</u>	<u>President</u>	<u>106 Ashland Dr, Scituate, RI 02857</u>
<u>Kenneth C. Rossi</u>	<u>Vice President</u>	<u>as above</u>
<u>Irene B. Rossi</u>	<u>Secretary</u>	<u>106 Ashland Dr, Scituate, RI 02857</u>
<u>Irene B. Rossi</u>	<u>Treasurer</u>	<u>as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Par Value or statement that shares are without par value
<u>1000</u>	<u>common</u>	<u>no par</u>

PAID

MAR 20 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
	<u>common</u>	<u>---</u>	<u>no par</u>

SECY OF STATE

Dated February 18, 19 92

Rossi & Son Dental Laboratories, Inc.  
(Name of Corporation)

By Kenneth C. Rossi  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0022240 Annual Report for the year 1991

FIRST: The name of the corporation is Rossi & Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island David J. McOsker, Esq., 420 Angell Street Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Kenneth C. Rossi	President	106 Ashland Drive, Scituate, RI 02857
Kenneth C. Rossi	Vice President	106 Ashland Drive, Scituate, RI 02857
Irene B. Rossi	Secretary	106 Ashland Drive, Scituate, RI 02857
Irene B. Rossi	Treasurer	106 Ashland Drive, Scituate, RI 02857

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	common

Par Value  
or statement that  
shares are without  
par value  
  
no par

**PAID**  
MAR 14 1991  
Series  
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
.....	.....	.....

Par Value  
or statement that  
shares are without  
par value

Dated February 1, 19 91

Rossi & Son Dental Laboratories, Inc.  
(Name of Corporation)

By Kenneth C. Rossi

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0022240 Annual Report for the year 1990

FIRST: The name of the corporation is Rossi & Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island David J. McOsker, Esq., 420 Angell Street Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Kenneth C. Rossi	President	106 Ashland Drive, Scituate, RI 02857
<del>Irene B. Rossi</del> <sup>KR</sup> Kenneth C. Rossi	Vice President	106 Ashland Drive, Scituate, RI 02857
Irene B. Rossi <sup>KR</sup>	Secretary	as above
<del>Kenneth C. Rossi</del> <sup>IRENE ROSSI</sup>	Treasurer	as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common	--	no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

**PAID**  
Series **MAR 06 1990**  
**SEC'Y. OF STATE**

Dated February 28 1990

Rossi & Son Dental Laboratories, Inc.  
(Name of Corporation)

By Kenneth C. Rossi

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0022240 Annual Report for the year 1989

FIRST: The name of the corporation is Rossi & Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island David J. McOsker, Esq., 131 Waterman St, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>Kenneth C. Rossi</u>	<u>President</u>	<u>106 Ashland Drive, Scituate, RI 02857</u>
<u>Irene B. Rossi</u>	<u>Vice President</u>	<u>106 Ashland Drive, Scituate, RI 02857</u>
<u>Irene B. Rossi</u>	<u>Secretary</u>	<u>as above</u>
<u>Lucy J. Rossi</u>	<u>Treasurer</u>	<u>10 Sprague Street, Greenville, RI 02828</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>common</u>	<u>---</u>	<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>0</u>			

Dated March 23, 1989

Rossi & Son Dental Laboratories, Inc.  
(Name of Corporation)

By Kenneth C. Rossi

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 22240 Annual Report for the year 1988

FIRST: The name of the corporation is Rossi & Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

131 Waterman Street, Providence, Rhode Island 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
KENNETH C. ROSSI	President	64 Mulberry Circle, Johnston, RI
LUCY J. ROSSI	Vice President	10 Sprague Street, Greenville, RI
IRENE B. ROSSI	Secretary	64 Mulberry Street, Johnston, RI
LUCY J. ROSSI	Treasurer	10 Sprague Street, Greenville, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	PAID	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	-	NO PAR

Dated JANUARY 7, 19 88

ROSSI & SON DENTAL LABORATORIES, INC.  
(Name of Corporation)

By Kenneth C. Rossi  
KENNETH C. ROSSI  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 22240 Annual Report for the year 1987

FIRST: The name of the corporation is Rossi & Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of  
dentures and related products.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

131 Waterman Street, Providence, Rhode Island 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

..... Director .....

..... Director .....

..... Director .....

Kenneth C. Rossi President 64 Mulberry Circle, Johnston, RI

Lucy J. Rossi Vice President 10 Sprague Street, Greenville, RI

Kenneth C. Rossi Secretary 64 Mulberry Street, Johnston, RI

Lucy J. Rossi Treasurer 10 Sprague Street, Greenville, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	-	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	-	No Par

**PAID**

**JAN 15 1987**

*[Handwritten Signature]*  
**JUN 04 1987**

**SECY OF STATE**

Dated January 15, 1987 ROSSI & SON DENTAL LABORATORIES, INC.  
(Name of Corporation)

By *Kenneth C. Rossi*  
KENNETH C. ROSSI

Title President

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

#22240

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1986

FIRST: The name of the corporation is ROSSI & SON DENTAL LABORATORIES, INC

#22240

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

131 Waterman Street, Providence, Rhode Island 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Kenneth C. Rossi	President	64 Mulberry Circle, Johnston, RI
Lucy J. Rossi	Vice President	10 Sprague Street, Greenville, RI
Kenneth C. Rossi	Secretary	64 Mulberry Street, Johnston, RI
Lucy J. Rossi	Treasurer	10 Sprague Street, Greenville, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	-	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	-	No Par

REC'D APR 29 1986  
SECY. OF STATE

Dated: April 7, 1986

ROSSI & SON DENTAL LABORATORIES, INC.

(Name of Corporation)

By *Kenneth C. Rossi*  
KENNETH C. ROSSI  
Title President

*[Signature]*  
JUN 11 1986

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is Rossi and Son Dental Laboratories, Inc.

SECOND: It is incorporated under the laws of State of R.I.

THIRD: Character of business, briefly stated, is Manufacturer of Dental Prosthetics.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 131 Waterman St Providence, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Kenneth C Rossi	President	64 Mulberry Cir Johnston, R.I.
Lucy J Rossi	Vice President	10 Sprague St Greenville, R.I.
Kenneth C Rossi	Secretary	64 Mulberry Cir Johnston, R.I.
Lucy J Rossi	Treasurer	10 Sprague St Greenville, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

Dated: 1-18-1985

02/13/85 PAID

Rossi and Son Dental Laboratories Inc.  
(Name of Corporation)

By Kenneth C Rossi  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

15.00

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

22240

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

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SECOND: It is incorporated under the laws of *State of R.I.*

THIRD: Character of business, briefly stated, is *Manufacturer of Dental Prosthetics*

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) *131 Waterman St. Prov. R.I. 02906*

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
<i>Americo E. Rossi</i>	President	<i>10 Sprague St. Greenville, R.I.</i>
<i>Kenneth C. Rossi</i>	Vice President	<i>64 Mulberry Cir. Johnston, R.I.</i>
<i>Americo E. Rossi</i>	Secretary	<i>10 Sprague St. Greenville, R.I.</i>
<i>Lucy J. Rossi</i>	Treasurer	<i>10 Sprague St. Greenville, R.I. 02906</i>

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>1000</i>	<i>Common</i>		<i>No Par</i>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>600</i>	<i>Common</i>		<i>No Par</i>

Dated: *1-18*

19 *85*

APR 26/13/85 PAID

*Rossi and Son Dental Lab Inc*  
(Name of Corporation)

By *Americo E. Rossi*

Title *Pres*

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is ROSSI & SON DENTAL LABORATORIES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 131 Waterman Street, Providence, Rhode Island 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Americo E. Rossi	President	10 Sprague Street, Greenville, RI
Kenneth C. Rossi	Vice President	64 Mulberry Circle, Johnston, RI
Americo E. Rossi	Secretary	10 Sprague Street, Greenville, RI
Lucy J. Rossi	Treasurer	10 Sprague Street, Greenville, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	-	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	-	No Par

JUN 2 1983  
PRA

Dated: May 11, 1983

ROSSI & SON DENTAL LABORATORIES, INC.

(Name of Corporation)

By: Americo E. Rossi

AMERICO E. ROSSI

Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporate Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is ROSSI & SON DENTAL LABORATORIES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture and sale of dentures and related products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 595 Putnam Avenue, Greenville, Rhode Island 02828

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Americo E. Rossi	President	10 Sprague St. Greenville, RI
Kenneth C. Rossi	Vice President	64 Mulberry Cir. Johnston, R.I.
Americo E. Rossi	Secretary	10 Sprague St., Greenville, RI
Dany J. Rossi	Treasurer	10 Sprague St. Greenville, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	-	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	10	No Par

Dated: Oct 20, 1982

10  
27  
82  
ROSSI & SON DENTAL LABORATORIES, INC.  
(Name of Corporation)

By Americo E. Rossi  
Title President

(Report must be signed by an officer)

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