

State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Limited Liability Company

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

**FILED**  
MAY 13 2024  
BY 1148  

1. Entity ID Number <b>001743005</b>		2. Exact name of the Limited Liability Company <b>Signature Dental, LLC</b>		
3. NAICS Code <b>621210</b>		4. Brief description of the character of business conducted in Rhode Island <b>Dentistry</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>26 South County Commons Way, STE A6</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Austin Labbe</b>		Contact Title <b>Owner</b>		
Street Address <b>26 South County Commons Way, STE A6</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person <b>Austin Labbe</b>			Date <b>05/10/2024</b>	
Signature of Authorized Person 				

**MAIL TO:**  
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