



State of Rhode Island  
Department of State - Business Services Division

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Annual 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.

1. Entity ID Number <u>1673361</u>	2. Exact name of the Limited Liability Company <u>Laboratory Distribution Network LLC</u>			
3. NAICS Code <u>423990</u>	4. Brief description of the character of business conducted in Rhode Island <u>Distribution of Dental Products.</u>			
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>20 Narragansett Ave unit 912</u>		City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>John F Corrigan</u>		Contact Title		
Street Address <u>SAME as above</u>		City	State	Zip
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 <u>John F Corrigan</u>			Date <u>9/5/24</u>	
Signature of Authorized Person <u>John F Corrigan</u>				

**FILED**

SEP 5 2024  
 BY EYJR  
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**MAIL TO:**  
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