



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>
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
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 EYJIR
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MAIL TO:
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