



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

MAR 01 2024
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Annual Report for the year: 2024
Corporation

- 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 11380 | | 2. Exact name of the Corporation EASTERN DENTAL LABORATORY CO. INC. | | | |
| 3. Principal Office Address 917 CHALKSTONE AVE. | | City PROVIDENCE | | State R.I. | Zip 02908 |
| 4. NAICS Code 339116 | | 6. Brief description of the character of business conducted in Rhode Island DENTAL LABORATORY | | | |
| 5. State of Incorporation R.I. | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DAVID J. VARONE | | | Vice-President Name EILEEN L. VARONE | | |
| Street Address 3 ROGER WILLIAMS COURT | | | Street Address 2074 SMITH ST. (APP. 401) | | |
| City GREENVILLE | State R.I. | Zip 02828 | City NO. PROVIDENCE | State R.I. | Zip 02911 |
| Secretary Name ROBERT J. VARONE | | | Treasurer Name DAVID J. VARONE | | |
| Street Address 54 TANGLEWOOD DRIVE | | | Street Address 3 ROGER WILLIAMS COURT DAVID J. VARONE | | |
| City EAST GREENWICH | State R.I. | Zip 02818 | City GREENVILLE | State R.I. | Zip 02828 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name DAVID J. VARONE | | | Director Name EILEEN L. VARONE | | |
| Street Address 3 ROGER WILLIAMS COURT | | | Street Address 2074 SMITH ST. | | |
| City GREENVILLE | State R.I. | Zip 02828 | City NO. PROVIDENCE | State R.I. | Zip 02911 |
| Director Name ROBERT J. VARONE | | | Director Name NONE | | |
| Street Address 54 TANGLEWOOD DRIVE | | | Street Address | | |
| City EAST GREENWICH | State R.I. | Zip 02818 | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 SHARES | COMMON--NO PAR | ISSUED OUTSTANDING | |
| 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. | | | | | |
| 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 Representative DAVID J. VARONE | | | | Date 02-27-2024 | |
| Signature of Authorized Representative <i>David J. Varone</i> | | | | | |

MAIL TO:
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Website: www.sos.ri.gov