2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000334

Entity Name: DSD LABORATORIES, INC.

Current Principal Place of Business:

75 UNION AVE.

SUDBURY, MA 01776

Current Mailing Address:

75 UNION AVE.

SUDBURY, MA 01776

FEI Number: 04-2659094 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUERRERI, ANDREA R 450 ALTON ROAD **UNIT 4003** MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREA R GUERRERI 02/02/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CHRM Title **TREASURER**

Name GUERRERI, ANDREA R Name GURWITZ, MICHAEL H Address 450 ALTON ROAD, UNIT# 4003 Address 361 CENTRAL AVE City-State-Zip: NEEDHAM MA 02494 City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR Title CFO

GUERRERI. STEPHEN J Name Name GURWITZ, MICHAEL H Address 104 MOCKINGBIRD LANE Address 361 CENTRAL AVE

City-State-Zip: **CARY NC 27511** NEEDHAM HEIGHTS MA 02494 City-State-Zip:

Title DIRECTOR Title DIRECTOR

FIORE, SUZANNE N Name Name STARR-COLLINS, KRISTY

Address 147 WEST CRESCENT AVE. Address 3821 SOUTHWESTERN ST.

City-State-Zip: RAMSEY NJ 07446 City-State-Zip: HOUSTON TX 77005

VΡ Title Title **DIRECTOR**

Name LABBE, DAVID Name GUERRERI, ANDREA R Address 18 BARNES ROAD Address 450 ALTON RD., UNIT 4003 City-State-Zip: SALEM MA 01970

MIAMI FL 33139 City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/02/2024 SIGNATURE: MICHAEL H GURWITZ **CFO & TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 02, 2024

Secretary of State

7165298506CC

Date

Officer/Director Detail Continued:

Title VP Title PRESIDENT

Name LIPPERT, ARLEN E Name FIORE, SUZANNE N

Address 10901 HAMPTON ROAD Address 147 WEST CRESCENT AVE.

City-State-Zip: FAIRFAX STATION VA 22039 City-State-Zip: RAMSEY NJ 07446

Title VP Title VP

Name ERSKINE, JOSEPH R Name BEERBOWER, KELLEY E

Address 21510 FOREST WATERS CIRCLE Address 2164 BAMBRIDGE COURT

City-State-Zip: GARDEN RIDGE TX 78266 City-State-Zip: MIAMISBURG OH 45342