



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 146197		2. Exact name of the limited liability company DUTCHMEN DENTAL, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding and other legal business		
5. Principal office address 1359 Main Road		City Tiverton	State RI	Zip 02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Jon Paul VanRegenmorter		Contact Title		
Street Address 15 South Avenue 25 Highland Road		City Tiverton	State RI	Zip 02878
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Manager Name Jon Paul VanRegenmorter		Manager Name		
Street Address 15 South Avenue 25 Highland Road		Street Address		
City Tiverton	State RI	Zip 02878	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name Jerome V. Sweeney, III, Esq.		Address 100 Armistice Boulevard		
Address		City Pawtucket, RI	Zip 02860	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

146197

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.

Signature of Authorized Person _____ Date _____

Jon Paul VanRegenmorter

Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 08 2008
By:	<i>[Signature]</i>
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