



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> |
| FOR SECRETARY OF STATE USE ONLY | |