

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

→ Filing Fee: \$50.00

Department or State -	- Business Services Division	
Annual Report for the year:	2018	
Limited Liability Company		BY
→ Filing period: September 1 - November 1		

FILED STAND SEP 1 0 2018 BY SUUS

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
146197	DUTCHMAN DENTAL, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Real estate holding and other legal business					
5. State of Formation	Ì					
Rhode Island						
6. Principal Office Address			City	State	Zip	
1359 Main Road			Tiverton	RI	02878	
7. Mailing Address of Limited Lia	ability Company	and Name or Title	of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Jon Paul VanRegenmorter		Contact Title				
Street Address 25 Highland Road		City Tiverton	State RI	Zip 02878		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Magager Name Paul Von Regenmotor		Manager Name				
Strelet Address Highland Ad			Street Address			
con liver ton	State T	1828J	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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 Date						
Jon Paul VanRegenmorter						
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov