



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

FILED

MAR 01 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by April 1

BY

VV446 05

1. Entity ID Number 000790998		2. Exact name of the Corporation JV Corp.			
3. Principal Office Address 1051 Ten Rod Road, Unit 5			City North Kingstown	State RI	Zip 02852
4. NAICS Code 621210	6. Brief description of the character of business conducted in Rhode Island To conduct, manage and carry on the business of a dental practice				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Verbeyst			Vice-President Name		
Street Address 1051 Ten Rod Road, Unit 5			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name John Verbeyst			Treasurer Name John Verbeyst		
Street Address 1051 Ten Rod Road, Unit 5			Street Address 1051 Ten Rod Road, Unit 5		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS-SERIES	FAR VALUE .01
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 John Verbeyst				Date 1/24/19	
Signature of Authorized Representative 					

MAIL TO:
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