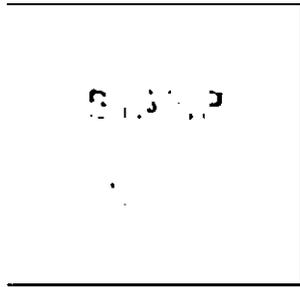




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 146197		2. Exact name of the Limited Liability Company Dutchman Dental, LLC			
3. NAICS Code 53 1110		4. Brief description of the character of business conducted in Rhode Island Real estate holding and other legal business.			
5. State of Formation Rhode Island					
6. Principal Office Address 1359 Main Road			City Tiverton	State RI	Zip 02878
7. Mailing Address of Limited Liability 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 0278
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SEE ABOVE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Jon Paul VanRegenmorter				Date 9/22/19	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

SEP 06 2019 KM

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