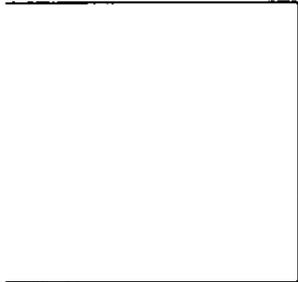


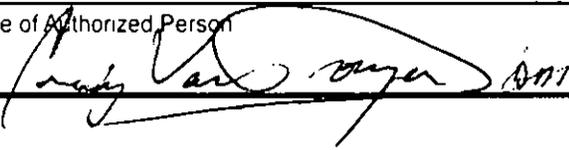


State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 796130 | | 2. Exact name of the Limited Liability Company Van Dongen DDS, LLC | | | |
| 3. NAICS Code 621210 | | 4. Brief description of the character of business conducted in Rhode Island Dental Services | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 372 Ives Street | | City Providence | State RI | Zip 02906 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Craig Van Dongen, DDS | | | Contact Title | | |
| Street Address 372 Ives Street | | City Providence | State RI | Zip 02906 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Craig Van Dongen, DDS | | Manager Name | | | |
| Street Address 372 Ives Street | | Street Address | | | |
| City Providence | State RI | Zip 02906 | 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Craig Van Dongen | | | | Date 9/7/2019 | |
| Signature of Authorized Person  | | | | | |

FILED

SEP 16 2019

KM

BY *116621*

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