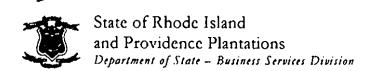
RI SOS Filing Number: 201922407740 Date: 9/30/2019 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*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.

000789373	2. Exact name of the limited liability company Zumstein Family Dentistry, LLC			3. NAIC	3. NAICS Code 621210	
4. Brief description practice of der		ness which is actually condu	cted in Rhode Island	5. State of Formation Rhode Island		
6. Principal office address 80 Pershing Avenue			City Wakefield	State RI	Zip 02879	
7. MAILING ADD Contact Name Justin N. Zum		BILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	CT PERSON:		
Street Address 80 Pershing Avenue			City Wakefield	State RI	7.ip 02879	
0 21.242 .270 . 0						
8. NAME AND ADI			LIABILITY COMPANY, IF API		<u>LIST MEMBERS</u>	
	FILL IN SPACE	GER OF THE LIMITED ES BEFORE USING ATT		PLICABLE - <u>DO NOT I</u> R ATTACHMENT)	LIST MEMBERS	
Manager Name	FILL IN SPACE		ACHMENTS ("X" BOX FOR		LIST MEMBERS	
Manager Name Justin N. Zur Street Address 80 Pershing A City	FILL IN SPACE		ACHMENTS ("X" BOX FOI		Zip	
Manager Name Justin N. Zus	mstein Venue	ES BEFORE USING ATT	ACHMENTS ("X" BOX FOI Manager Name Street Address	RATTACHMENT)		
Manager Name Justin N. Zur Street Address 80 Pershing A City Wakefield	mstein Venue	ES BEFORE USING ATT	ACHMENTS ("X" BOX FOI Manager Name Street Address City	RATTACHMENT)		
Manager Name Justin N. Zur Street Address 80 Pershing A City Wakefield Manager Name	mstein Venue	ES BEFORE USING ATT	ACHMENTS ("X" BOX FOI Manager Name Street Address City Manager Name	RATTACHMENT)		
Manager Name Justin N. Zur Street Address 80 Pershing A City Wakefield Manager Name Street Address City	rill in space mstein venue State Ri	Zip 02879	ACHMENTS ("X" BOX FOI Manager Name Street Address City Manager Name Street Address	State	Zip	

FILED This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

SEP 3 0 2019

PV	28664
File Date	
Check No	
Ву:	
FOR	SECRETARY OF STATE USE ONLY

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

9/23/2019

Justin N. Zumstein, Manager