



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

Annual Report for the year: **2020**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000790998</b>		2. Exact name of the Corporation <b>JV Corp.</b>										
3. Principal Office Address <b>1051 Ten Rod Road, Unit 5</b>		City <b>North Kingstown</b>	State <b>RI</b>									
		Zip <b>02852</b>										
4. NAICS Code <b>621210</b>	6. Brief description of the character of business conducted in Rhode Island <b>To conduct, manage and carry on the business of a dental practice</b>											
5. State of Incorporation <b>Rhode Island</b>												
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <b>John Verbeyst</b>		Vice-President Name										
Street Address <b>1051 Ten Rod Road, Unit 5</b>		Street Address										
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>									
Secretary Name <b>John Verbeyst</b>		Treasurer Name <b>John Verbeyst</b>										
Street Address <b>1051 Ten Rod Road, Unit 5</b>		Street Address <b>1051 Ten Rod Road, Unit 5</b>										
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>									
		State <b>RI</b>	Zip <b>02852</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td></td> <td>no par value \$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000		no par value \$0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000		no par value \$0.01										
Changes require an additional filing.												
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.												
<b>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.</b>												
Name of Authorized Representative <b>John Verbeyst</b>		Date <b>12/16/20</b>										
Signature of Authorized Representative 												

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

**FILED**

FEB 25 2020

KM

FORM 630 - Revised: 10/2017

BY VV230