RI SOS Filing Number: 202035442390 Date: 2/25/2020 4:00:00 PM

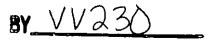
Annual Report for the Corporation	ne year: 20	20				
→ Filing period: January → Filing Fee: \$50.00		•				
→ Penalty: Additional \$2	5.00 fee if form is	not filed by April 1				
Entity ID Number	2. Exact na	Exact name of the Corporation				
000790998		JV Corp.				
Principal Office Address			City	10		
1051 Ten Rod Road, Unit 5			North Kingstown	State	Zip	
4. NAICS Code	6. Brief des	Crintion of the char	acter of business conducted in I	I ""	02852	
621210						
5. State of Incorporation	- To conduc	ct, manage and ca	rry on the business of a dent	al practice		
Rhode Island						
7 List Al Lafficace (name						
List ALL officers (names and addresses) President Name			Check the box to indicate an attachmen			
John Verbeyst			Vice-President Name			
treet Address 1051 Ten Rod Road, Unit 5			Street Address			
North Kingstown	Slate RI	^{Zip} 02852	City	State	Zip	
cretary Name John Verbeyst					۲۳	
John Verbeyst			Treasurer Name John Verbeyst			
Street Address 1051 Ten Rod (Road Unit 5		Street Address			
			1051 Ten Rod Road, Unit 5			
North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
List ALL directors (names a	nd addresses)					
irector Name			Director Name	Check the box to ind	icate an attachmer	
Ireet Address						
<u> </u>			Street Address	·		
ity	State	Zip	City	State		
irector Name	<u></u>			State	Zip	
			Director Name			
treel Address			Street Address	·		
ity			Silder Address			
ny .	State	Zip	City	State	Zip	
Shares Authorized		10 65			: [
partment of State.		10 Shares Iss	F SHARES CLASSIFIED DUX TO INDICATE AF			
		1,000	COASS			
		<u> </u>			o- par-value O. (
71:		_1				
. This report must be executed istee, this report must be executed.	ed on behalf of the	corporation by an a	uthorized representative. If the	corporation is in the	hands of a second	
nger penaity of perjury. I de	clare and affirm ti	at I have aveni-	d A .	F = 1 2000 10 11 (10)		
atements, and that all states	ments contained	herein are true and	he receiver or trustee. Indicate this report, including any a Indicate the correct.	ccompanying sche	dules and	
The or ramonzed Representa	ative			Date	<u> </u>	
ohn Verbeyst				1		
gnature of Authorized Repres	dhtativo			12/1	6 120	

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

Website: www.sos.ri.gov

FEB 2 5 2020 KM

FORM 630 - Revised: 10/2017



FILED