RI SOS Filing Number: 202064879080 Date: 10/8/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 **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.

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1. Entity ID Number 146197		2. Exact name of the Limited Liability Company Dutchman Dental, LLC					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
531110		Real estate holding and other legal business.					
5. State of Formation							
Rhode Island							
6. Principal Office Address	<u>L</u> i		City	State	Zip		
1359 Main Road			Tiverton	RI	02878		
7. Mailing Address of Limit	ted Liability Compa	any and Name o	r Title of Contact Person		<u> </u>		
Contact Name Jon Paul Va	nRegenmorter		Contact Title				
Street Address 25 Highland	d Road		City Tiverton	State RI	^{Zip} 0278		
	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name SAME AS ABOVES			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
		I		Check the box to	indicate an attachment		
9. Resident Agent in Rhod	le Island. This inform	nation is currently	of record with the Department of S	State. Changes require filio	ng Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, includ true and correct.	ing any accompanyin	g schedules and		
Name of Authorized Person Date							
Jon Paul VanRegenmotts /0/5/30							
Signature of Authorized (/c		SIG	N DOCUMENT HERE		7		
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<i>דין</i>	,		F	1 FN	<u>-</u>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 8 2020