



State of Rhode Island

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.

FILED

OCT 15 2020

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| | | | | | |
|--|-------------|--|--------------------|-------------------|--------------|
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Craig Van Dongen | | | | Date 10/9/2020 | |
| Signature of Authorized Person | | | | | |

MAIL TO:

Division of Business Services

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