State of Rhode Island
Department of State - Business Services Division

FILED
OCT 15 2020
168356

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
796130	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	City	State	Zip
372 Ives Street	Providence	RI	02906

7 Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Craig Van Dongen, DDS			
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	Manager Name		
Craig Van Dongen, DDS			
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 ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 542.

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	Date
Craig Van Dongen	10/9/2020

Signature of Authorized Person: Craig Van Dongen DDS

MAIL TO:
Division of Business Services
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