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2023 FEB 14 A 11: 09

Annual Report for the year: 2023

Limited Liability Company

Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000789373	2. Exact name of the Limited Liability Company Zumstein Family Dentistry, LLC			
3. NAICS Code 621210	Brief description of the character of business conducted in Rhode Island practice of denistry			
5. State of Formation RI				
6. Principal Office Address 80 Pershing Avenue		City Wakefield	State RI	Zip 02879
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		<u> </u>
Contact Name Justin N. Zumstein		Contact Title Authorized Person		
Street Address 80 Pershing Avenue		City Wakefield	State RI	Zip 02879
8. The Resident Agent infor	mation currently of record with	the RI Department of State is acc	curate. Changes requ	ire filing Form 642.
	declare and affirm that I hav	re examined this report, includ re true and correct.	ing any accompany	ing schedules and
Name of Authorized Person Justin N. Zumstein			Date Z/6/2023	
Signature of Authorized Per	Some			

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov