



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**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**  
 MAR 03 2023  
 BY *[Signature]*

1. Entity ID Number <b>146197</b>		2. Exact name of the Limited Liability Company <b>DUTCHMAN DENTAL, LLC</b>					
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate holding and other legal business.					
5. State of Formation Rhode Island							
6. Principal Office Address 1359 Main Road				City Tiverton		State RI	Zip 02878
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Jon P. Van Regenmorter				Contact Title Secretary			
Street Address 25 Highland Road				City Tiverton		State RI	Zip 02878
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Same as Above.				Manager Name			
Street Address				Street Address			
City		State	Zip	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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
<i>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.</i>							
Name of Authorized Person Jon P. Van Regenmorter						Date 2/23/2023	
Signature of Authorized Person <i>[Signature]</i>							

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov