| State of Rhode Island Fee: \$50.00 Office of the Secretary of State State |
|---|
| Division Of Business Services |
| 148 W. River Street |
| Providence RI 02904-2615 (401) 222-3040 |
| |
| Professional Corporation Annual Report Filing Period: February 1 - May 1 |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 |
| 1. Corporate ID No. 001659164 |
| 2. Name of Corporation Jonathan B. Vane DMD PC |
| 3. Street Address Principal Business Office: |
| No. and Street: <u>38 STATE STREET</u> |
| City or Town:WARRENState: RIZip: 02885Country: USA |
| 4. Business Phone No. |
| <u>4012456131</u> |
| 5. State of Incorporation |
| State: <u>RI</u> |
| NAICS CODE |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |
| <u>621210</u> |
| 6. Brief Description of the Character of Business Conducted in Rhode Island |
| DENTAL PRACTICE |
| 7. Names and Addresses of the Officers and Directors: |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. |

| | Individual Name First, Middle, Last, Suffix JONATHAN B. VANE | | Address Address, City or Town, State, Zip Code, Country 41 MIDDLE AVENUE TIVERTON, RI 02878 USA | | |
|--|--|----------|--|--|--|
| PRESIDENT | | | | | |
| . Shares Authorized and | Issued | | | | |
| Class of Stock | | | alue Per nare | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
| STK | | \$0.0100 | | 100.00 | 100 |
| | | | | | nic filing, in |
| By <u>JONATHAN VANE</u> Signature of Authorize | ed Representative of the | he Corpo | ration | | |
| Signature of Authorize | ed Representative of the | he Corpo | ration | | |
| Signature of Authorize | ed Representative of th | he Corpo | ration | | |
| Signature of Authorize | ed Representative of th | he Corpo | ration | | |
| By <u>JONATHAN VANE</u> Signature of Authorize form No. 630 Revised 09/07 © 2007 - 2024 State of Rhode Island All Rights Reserved | ed Representative of th | he Corpo | ration | | |