



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business 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. 001663246

2. Name of Corporation Envolve Dental, Inc.

3. Street Address Principal Business Office:

No. and Street: 5130 SUNFOREST DRIVE

City or Town: TAMPA

State: FL

Zip: 33634

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

611210

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IS ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY
BE
ORGANIZED UNDER THE GENERAL CORPORATION LAW OF THE STATE OF
DELAWARE,
INCLUDING BUT NOT LIMITED TO MANAGED DENTAL HEALTHCARE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID LAVELY	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA
TREASURER	SCOTT WINGFIELD	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA
SECRETARY	MARLO WILLIAMS	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA
VICE PRESIDENT OF TAX	TRICIA DINKELMAN	7700 FORSYTH BLVD ST. LOUIS, MO 63105 USA
VICE PRESIDENT	MICHAEL GROVER	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA
DIRECTOR	MICHEAL GROVER	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA
DIRECTOR	DAVID LAVELY	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA
DIRECTOR	SCOTT WINGFIELD	1151 FALLS ROAD ROCKY MOUNT, NC 27804 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 24 Day of April, 2024 at 10:26:21 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By TRICIA DINKELMAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved