



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>000095327</b>		2. Exact name of the Corporation <b>BEGO USA Inc.</b>			
3. Principal Office Address <b>24 Albion Road, Suite 103</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>423450</b>		6. Brief description of the character of business conducted in Rhode Island <b>Distribution of dental equipment and supplies</b>			
5. State of Incorporation <b>Delaware</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frederick J. Horstkotte</b>			Vice-President Name <b>None</b>		
Street Address <b>24 Albion Road, Suite 103</b>			Street Address <b>None</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Secretary Name <b>Christian Burghart</b>			Treasurer Name <b>Frederick J. Horstkotte</b>		
Street Address <b>1500 Broadway, Suite 1902</b>			Street Address <b>24 Albion Road, Suite 103</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10036</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Christoph Weiss</b>			Director Name <b>None</b>		
Street Address <b>24 Albion Road, Suite 103</b>			Street Address <b>None</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>10</b>	<b>Common</b>	<b>\$0.00</b>	
11. 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. <b>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.</b>					
Name of Authorized Representative <b>Christian Burghart</b>				Date <b>07/11/2024</b>	
Signature of Authorized Representative 					

**FILED**

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

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