RI SOS Filing Number: 202568217540 Date: 3/24/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

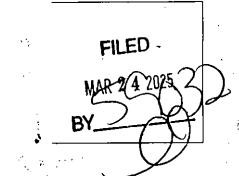
Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



		<u> </u>		
Entity ID Number	2. Exact name of the Limited Liability Company			
146197	DUTCHMAN DENTAL, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531110	Real Estate holding	Real Estate holding and other legal business.		
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
1359 Main Road		Tiverton	RI	02878
7 Mailing Address of Limite	ed 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. The Resident Agent info	rmation currently of record with t	he RI Department of State is acci	urate. Changes requir	e filing Form 642
	ry, I declare and affirm that I hat takenents contained herein a	ave examined this report, inclu- re true and correct.	ding any accompany	ring schedules and
Name of Authorized Person		· · · · · · · · · · · · · · ·	Date	
Jon P. Van Regenm	orter		3/13	1/2075
Signature of Authorized Pe	rson			
		<u></u>		

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

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