

**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



219110395

1. CORPORATION NAME:

Irwin S. Feldman, D.D.S. and Seth D. Feldman,
D.D.S., Ltd.

DUE DATE: 06/30/19

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

GAYLE B. MATTHEWS
108 EAST BROAD STREET
FALLS CHURCH, VA 22046

SCC ID NO.: 0195915-4

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

304-FALLS CHURCH CITY (FILED I

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 313 PARK AVE #1	ADDRESS:
CITY/ST/ZIP FALLS CHURCH, VA 22046	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: IRWIN S FELDMAN	NAME:
TITLE: P/T	TITLE:
ADDRESS: 313 PARK AVE #1	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22046	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Irwin S. Feldman, D.D.S. IRWIN S FELDMAN, D.D.S. 07/17/2019
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE
PRESIDENT

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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D.D.S., Ltd.

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SETH D FELDMAN TITLE: VICE PRESIDENT ADDRESS: 313 PARK AVE, #1 CITY/ST/ZIP: FALLS CHURCH, VA 22046</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: MARILYN J FELDMAN TITLE: SECRETARY ADDRESS: 313 PARK AVE #1 CITY/ST/ZIP: FALLS CHURCH, VA 22046</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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