	State of Rhode Island and Providence Plantations Office of the Secretary of State		
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
Certificate Request I	Form		
	ntity Name is only required for a Ce	·	
ID	ENTITY NAME	CERTIFICATE TYPE	
000792896	RESNEVIC DENTAL, L.L.C.	Good Standing Certificate	
Total Fee: \$22.00 Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: JEAN FALLAGO Business Name: No. and Street: 132B PLEASANT VIEW AVE.			
City or Town:SMITHFIELDState: RI Zip: 02917Country: USAContact Phone:(401) 349-2525 ext:Contact Email:JEAN@ALMONTEFALLAGOGROUP.COM			
Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.			
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