



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

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

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001661083	Benefit Dental Care, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Lynne Carlson

Business Name: Dombrowski, Aveni & Bunnell PC

No. and Street: 6 Grove Avenue

City or Town: Leominster

State: MA

Zip: 01453

Country: USA

Contact Phone: 9788400001 ext:

Contact Email: lcarlsondab@gmail.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.