RI SOS Filing Number: 201984956400 Date: 1/22/2019 3:57:00 PM



## REINSTATEMENT

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|   |  |                     |       | +          |               |  |  |
|---|--|---------------------|-------|------------|---------------|--|--|
| 1. Entity ID Number:                      | 2. The name of the ent                           | ity is:             |       |            |               |  |  |
| 1335627                                   | LAW MEDICAL MARKETING AND AMBULATORY SERVICE LLC |                     |       |            |               |  |  |
| 3. Date of Revocation:                    | 4. Reason for Revocation:                        |                     |       |            |               |  |  |
| 07/30/18                                  | Annual Report                                    |                     |       |            |               |  |  |
| 5. Entity Type:                           |  |                     |       |            |               |  |  |
| Limited Liability Company                 |  |                     |       |            |               |  |  |
| 6. The reinstatement includes:            |  |                     |       |            |               |  |  |
| ✓ Annual Reports (# of reports            | s) 3   | (report filing fee) | \$ 50 | Total Fees | <b>\$</b> 150 |  |  |
| ✓ Penalty fees (# of years)               | 1  | (penalty fee)       | \$ 50 | Total Fees | \$ 50         |  |  |
| Replacement filing fee                    | \$   |                     |       |            |               |  |  |
| ☑ LOGS (Tax Good Standing)                |  |                     |       |            |               |  |  |
| Legislative Act/Court Order               |  |                     |       |            |               |  |  |
| Change of Agent Form (filing fee) \$      |  |                     |       |            |               |  |  |
| Change of Registered Office Form - NO FEE |  |                     |       |            |               |  |  |
| Certificate of Correction                 |  |                     |       |            |               |  |  |
| Amendment (name change required)          |  |                     |       |            |               |  |  |
|   |  |                     |       |            |               |  |  |
| 7. The reinstatement is accompanied by:   |  |                     |       |            |               |  |  |
|   |  |                     |       |            |               |  |  |
|   |  |                     |       |            |               |  |  |
|   |  |                     |       |            |               |  |  |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF ADMINISTRATION DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 02908

LAWRENCE U UZOAMAKA 138 COMMODORE ST PROVIDENCE, RI 02904-2504

## LETTER OF GOOD STANDING

It appears from our records that LAW MEDICAL MARKETING AND AMBULATORY SERVICE LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. LAW MEDICAL MARKETING AND AMBULATORY SERVICE LLC is in good standing with the Rhode Island Division of Taxation as of 12/26/2018. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid <u>only</u> for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

IAN BEAUREGARD
Supervising Revenue Officer

Neena Savage Tax Administrator

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