

Filing Fee: \$50.00

ID Number: 1701183



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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CORPORATIONS DIV
2019 NOV -5 AM 11:40

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

- 1. The name of the corporation is: Beacon Dental Health RI, P.C.
2. The document to be corrected is Articles of Incorporation
3. The document being corrected was originally filed on October 31, 2019
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement: The address of the incorporator, item 7 on the Articles of Incorporation, is incorrect.
5. The corrected portion of the document states as follows: The correct address of the incorporator is 198 Tremont Street, Suite 436, Boston, MA 02116
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: November 4, 2019

FILED

[Signature]

Signature of Authorized Officer of the Corporation

Frank Schiano, D.M.D., President

Type or Print Name of Authorized Officer

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**Article of Incorporation**  
 Professional Service Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:  
**Beacon Dental Health RI, P.C.**

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended?  Yes  No

2. The profession to be practiced through the professional service corporation is:  
**Dentistry**

3. The total number of shares which the corporation has the authority to issue is:  
*(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)*

Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
1,000	CWP	\$0.01
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (*optional*): Check the box to indicate an attachment

4. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name **CT Corporation System**

Street Address (NOT a P.O. Box) **450 Veterans Memorial parkway, Suite 7A**

City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>
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5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED STAMP**  
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 BY: *[Signature]* ZCCYK

6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment

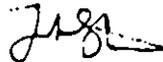
7. The name and address of each incorporator is:

Name Frank Edwin Schiano, D.M.D.	Address 198 Tremont Street, Suite 436	
City/Town Boston	State MA	Zip Code 02116
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.*

Signature of Incorporator  SIGN DOCUMENT HERE	Date 10/15/2019
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

November 05, 2019 11:40 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

