Filing Fee: \$50.00

ID Number:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amounted, 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.	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.							
Da	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. November 4, 2019						
	Signature of Authorized Officer of the Corporation Frank Schiano, D.M.D., President						
	NOV 0 5 2019 Type or Print Name of Authorized Officer						

Form No. 113 Revised, 12/05

2019 NOV -5 CAH II: 4

Article of Incorporation

Professional Service Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) RIGL <u>7-5.1</u> and <u>7-1.2</u> , adopt(s) the follow									
1. The name of the corporation is:									
Beacon Dental Health RI, P.C.									
Is this a close corporation pursuant to RIGL <u>7-1,2-1701</u> 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 (Unless otherwise stated, all authorize Total Authorized Shares (Number of Shares)		to have a nominal or par value	e of \$0.01 per share.) Value Per Share						
1,000	CWP \$0.01								
If you desire, you may include a statement voting rights, and the qualifications, limitati any provisions here (optional):	ons, or restrictions of t	nem which are permitted by the p Check the b	ences, and rights, including provisions of RIGL <u>7-1.2</u> . State ox to indicate an attachment						
4. The name and address of the initial re	gistered agent/office	in Rhode Island is:							
Agent Name CT Corporation System	<u> </u>								
Street Address (NOT a P.O. Box) 450 Veterans Memorial parkway, Suite 7A									
City/Town East Providence		State RHODE ISLAND	Zip Code 02914						

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

NOV 0 5 2019 11 41 ...

FORM 112- Revised: 11/2017

6. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> 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 penury, 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				Date				
JASI SI	RE		10/15/2019					
Signature of Incorporator SIGN DOCUMENT HERE				Date				
Signature of Incorporator	IGN DOCUMENT HEF	RE		Date				