



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REINSTATEMENT

STAMP

STATE OF RHODE ISLAND
DEPARTMENT OF STATE

1. Entity ID Number: 001674257	2. The name of the entity is: YALE MEDICINE OF RHODE ISLAND, PC																																				
3. Date of Revocation: 10/18/2019	4. Reason for Revocation:																																				
5. Entity Type:																																					
6. The reinstatement includes: <table> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>2</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 100.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>1</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 50.00</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	2	(report filing fee) \$ 50	Total Fees \$ 100.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee) \$ 50	Total Fees \$ 50.00	<input type="checkbox"/> Replacement filing fee	\$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input type="checkbox"/> Change of Agent Form (filing fee) \$				<input type="checkbox"/> Change of Registered Office Form - NO FEE				<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
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7. The reinstatement is accompanied by:																																					

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BY 452381
FORM 1000 - Revised 07/2017
8:47



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 APR -2 A 8:47

EMILY W SAULNIER
C/O ROPES & GRAY LLP
800 BOYLSTON ST
BOSTON, MA 02199-1900

LETTER OF GOOD STANDING

It appears from our records that **YALE MEDICINE OF RHODE ISLAND, PC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **YALE MEDICINE OF RHODE ISLAND, PC** is in good standing with the Rhode Island Division of Taxation as of 03/17/2020. 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:

DISSOLUTION

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

Very truly yours,

CHERI OCONNOR
Supervising Revenue Officer

Neena Savage
Tax Administrator

FILED

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DLN: 10007804426

APR - 2 2020

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8:47