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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 APR 17 A 11: 31

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

		gned business corporation hereby s n the state of Rhode Island under a	
Entity ID Number	2. Exact Name of the Corp	poration	
	Dental RI, P.C.		
3. The fictitious business na	me to be used is:	······································	
Dental RI			
4. The corporation is organized under the laws of: 5. The date of incorporation is:			
Rhode Island		4/17/200	\mathcal{D}
6. The address of its registered office within Rhode Island is:			
Street Address 50 Park Row	West, Suite 111		
City Providence		State RHODE ISLAND	Zıp 02903
7. The business in which it is	engaged:		•
Dental Practice			
8. Applicant is otherwise aut	horized to do business in the	state of Rhode Island.	
Under penalty of perjury, I that the information conta	declare and affirm that I ha ined herein is true and corr	eve examined this Fictitious Busi rect.	ness Name Statement and
Name of Authorized Officer	of the Corporation		Date
Dawn T. Gallucci			4-16-2020
Signature of Authorized Office	/ / ,	DCUMENT HERE	
•			

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

APR 1 7 2020

If you have any questions, please call us at (401) 222-3040, Monday through Friday,

between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624A Corporation - Revised 11/2017

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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:

April 17, 2020 11:31 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

