



# REINSTATEMENT

STAMP

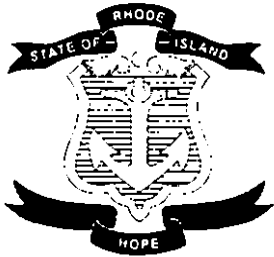
FOR  
TRANSMISSION OF STATE  
DOCUMENTS

1. Entity ID Number: 000504537	2. The name of the entity is: Providence Interventional Pain, LLC																																				
3. Date of Revocation: 07-22-2019	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Limited Liability Company																																					
6. The reinstatement includes:  <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>2</td><td>(report filing fee) \$ 50.00</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) \$ 50.00</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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20.00</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) \$ 50.00	Total Fees \$ 100.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee) \$ 50.00	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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20.00				<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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<input type="checkbox"/> Amendment (name change required)																																					
7. The reinstatement is accompanied by:																																					

10:55  
**FILED**MP

MAY 28 2020

BY QAS086  
FORM 1000 - Revised 03/2017



504537

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

ASHRAF FARID  
20 CUMBERLAND HILL RD UNIT 105  
WOONSOCKET, RI 02895-4854

## LETTER OF GOOD STANDING

It appears from our records that **PROVIDENCE INTERVENTIONAL PAIN LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **PROVIDENCE INTERVENTIONAL PAIN LLC** is in good standing with the Rhode Island Division of Taxation as of **05/21/2020**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

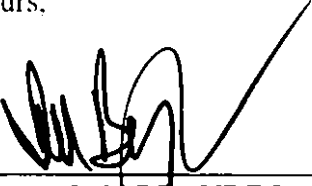
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

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,

  
\_\_\_\_\_  
IAN BEAUREGARD  
Supervising Revenue Officer

  
\_\_\_\_\_  
Neena Savage  
Tax Administrator

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 MAY 28 AM 10:54

264279804:16269119  
DLN: 10008071141