



REINSTATEMENT

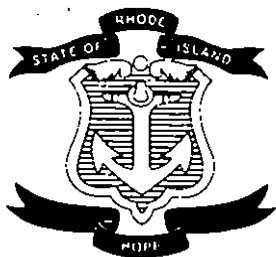
1. Entity ID Number: 15947	2. The name of the entity is: DAVID L. KITZES M.D., INC.																																				
3. Date of Revocation: 4/3/2019	4. Reason for Revocation: Registered Office																																				
5. Entity Type: Professional Service Corporation																																					
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>2</td><td>(penalty fee) \$ 50.00</td><td>Total Fees \$ 100.00</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 checked="" 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)	2	(penalty fee) \$ 50.00	Total Fees \$ 100.00	<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 checked="" 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: Dissolution																																					

FILED

AUG 18 2020

BY BIY94

A.A. ID: 23A-M.



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 AUG 18 AM 10:23

DAVID L. KITZES M.D., INC.
ATTN: MATT BRENNAN
155 SOUTH MAIN STREET, SUITE 100
PROVIDENCE, RI 02903-2963

I.D. # 15947

LETTER OF GOOD STANDING

It appears from our records that **DAVID L. KITZES M.D., INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **DAVID L. KITZES M.D., INC.** is in good standing with the Rhode Island Division of Taxation as of **02/14/2020**. 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

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 JUN 25 AM 11:40