



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
001661083	Benefit Dental Care, LLC	Certificate of Good Standing
001699808	Warwick Family Dental Group 3, LLC	Certificate of Good Standing
001709312	East Providence Dental Care, LLC	Certificate of Good Standing
001688142	Riverside Family Dental, LLC	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Munal Salem

Business Name:

No. and Street: 288 Grove St. Ste 383

City or Town: Braintree

State: MA

Zip: 02184

Country: USA

Contact Phone: 7813673369 ext:

Contact Email: drmunalsalem@gmail.com