



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 FEB 19 P 2:03

# REINSTATEMENT REQUIREMENTS

1. Entity ID Number:  000017290	2. The name of the entity is:  WESTERLY DENTAL GROUP, INC.																											
3. Date of Revocation:  12-30-2020	4. Reason for Revocation:  Annual Report																											
5. Entity Type:  Professional Service Corporation																												
6. The reinstatement requirements are:																												
<table> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 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) 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> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</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 type="checkbox"/> Change of Agent Form (filing fee) \$			<input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. The total fee due to RI Department of State: \$ 150.00																												

**FILED**

FEB 19 2021

BY 2408D  
2023  
FORM 1000BusCorpReinstmt10 - Revised 08/2020



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

WESTERLY DENTAL GROUP INC  
ATTN: TONI CARBONE  
29 UPDIKE AVE  
WICKFORD, RI 02852

## LETTER OF GOOD STANDING

It appears from our records that WESTERLY DENTAL GROUP, INC. has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. WESTERLY DENTAL GROUP, INC. is in good standing with the Rhode Island Division of Taxation as of 02/05/2021. 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,

CHERI OCONNOR  
Supervising Revenue Officer

Neena Savage  
Tax Administrator