



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

# REINSTATEMENT

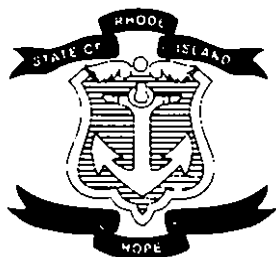
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FOR  
 SECRETARY OF STATE  
 USE ONLY

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| 1. Entity ID Number:<br><b>797766</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. The name of the entity is:<br><b>Data Health Associates LLC</b> |                                                                   |                   |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 3. Date of Revocation:<br><b>12-29-2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4. Reason for Revocation:<br><b>Annual Report</b>                  |                                                                   |                   |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 5. Entity Type:<br><b>Limited Liability Company</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                   |                   |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 6. The reinstatement includes. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>2</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 100</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>1</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 50</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 type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></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 | Total Fees \$ 100 | <input checked="" type="checkbox"/> Penalty fees (# of years) | 1 | (penalty fee) \$ 50 | Total Fees \$ 50 | <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) |  |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                                                                  | (report filing fee) \$ 50                                         | Total Fees \$ 100 |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                  | (penalty fee) \$ 50                                               | Total Fees \$ 50  |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                   |                   |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 7. The reinstatement is accompanied by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                   |                   |                           |                   |                                                               |   |                     |                  |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                           |  |  |  |                                                    |  |  |  |                                                           |  |  |  |

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797766



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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 MAR 16 P 2:46

DATA HEALTH ASSOCIATES, LLC  
ATTN: SUSAN S. WOOD  
23 BROOK ST  
BARRINGTON, RI 02806-1167

## LETTER OF GOOD STANDING

It appears from our records that **Data Health Associates, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Data Health Associates, LLC** is in good standing with the Rhode Island Division of Taxation as of **03/18/2021**. 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

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DLN: 10010065885

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MAR 16 2021  
BY *CA FCD6F*  
*2:46*