



**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
001679614	Advanced Dentistry of Rhode Island, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Ryan Lee

Business Name:

No. and Street: 250 Wampanoag Trail
103

City or Town: Riverside

State: RI

Zip: 02915

Country: USA

Contact Phone: 401-434-4413 ext:

Contact Email: adentri250@gmail.com