State of Rh Office of the Se	ode Island Fee: \$50.00 cretary of State
Division Of Bu 148 W. Ri Providence R	iver Street
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>	
1. ID No. <u>001677926</u>	
2. Exact Name of the Limited Liability Company Bioregulatory Dental, LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>621210</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
PROVIDES BIOREGULATORY DENTAL SERVICES	
5. Principal Office Address	
No. and Street:111 CHESTNUT STREETCity or Town:PROVIDENCE	State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:COLIN BARRYContact Title:CHIENo. and Street:111 CHESTNUT STREETCity or Town:PROVIDENCE	F EXECUTIVE OFFICER State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
JEFFREY CHASE-LUBITZ, ESQ. 1 RICHMOND SQUARE, SUITE 165W HUSCH BLACKWELL, LLP	

PROVIDENCE, RI 02906

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of May, 2023 at 1:30:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>COLIN BARRY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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