

REINSTATEMENT

1. Entity ID Number:	2. The name of the entity is:
001672961	SJC ANESTHESIA Corp.
3. Date of Revocation:	4. Reason for Revocation:
11-15-2018	Annual Report
5. Entity Type:	
Domestic Business Corporation	
6. The reinstatement requiremen	ts are:
Annual Reports (# of reports	s) 6 (report filing fee) \$ 50.00 Total Fees \$ 300.00
Penalty fees (# of years)	5 (penalty fee) \$ 50.00 Total Fees \$ 250.00
Replacement filing fee \$	
✓ LOGS (Tax Good Standing)	
Legislative Act/Court Order	
Change of Agent Form (filing fee) \$ 20.00	
Change of Registered Office Form - NO FEE	
Certificate of Correction	
Amendment (name change required)	
7. Accompanied by	

FILED

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12:21



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

JONATHAN L. UCRAN CPA 36 SMITH AVE GREENVILLE, RI 02828

LETTER OF GOOD STANDING

It appears from our records that SJC ANESTHESIA Corp. has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. SJC ANESTHESIA Corp. is in good standing with the Rhode Island Division of Taxation as of 06/09/2023. 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 <u>only</u> for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NEIL CAOUETTE

Supervising Revenue Officer

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