



State of Rhode Island  
Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number:  001770739	2. The name of the Limited Liability Company is:  Smart Dental, LLC
3. The fictitious business name to be used is:  Smart Dental Staffing	
4. The state or country the entity is formed is:  Rhode Island	5. The date of formation is:  03-11-2024
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
7. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company  Smart Dental, LLC	Date  03-08-2024
Signature of Authorized Person <div>DocuSigned by: Dan Katz D285CAAA528F4E9</div>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

March 12, 2024 01:38 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

