RI'SOS Filing Number: 202454519930 Date: 5/13/2024 4:00:00 PM



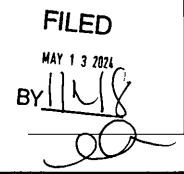
State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 001743005	2. Exact name of the Limited Liability Company Signature Dental, LLC			
3. NAICS Code 621210	Brief description of the character of business conducted in Rhode Island Dentistry			
5. State of Formation RI				
6. Principal Office Address 26 South County Commons Way, STE A6		City Wakefield	State RI	Zip 02879
7. Mailing Address of Limit	ed Liability Company and Name or Ti	tle of Contact Person		
Contact Name Austin Labbe		Contact Title Owner		
Street Address 26 South County Commons Way, STE A6		^{City} Wakefield	StateRI	^{Zip} 02879
8. The Resident Agent info	rmation currently of record with the R	I Department of State is accu	rate. Changes requir	e filing Form 642.
	ry, I declare and affirm that I have o statements contained herein are tro		ling any accompan	ying schedules and
Name of Authorized Person Austin Labbe			Date 05/10/2024	
Signature of Authorized Pa	rson		· · · · · · · · · · · · · · · · · · ·	

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov