



State of Rhode Island
Department of State - Business Services Division

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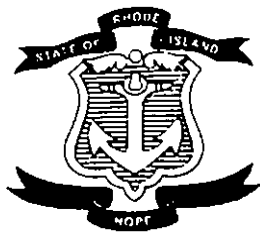
REINSTATEMENT

1. Entity ID Number: 000846848	2. The name of the entity is: Dysphagia Management Systems LLC																																																						
3. Date of Revocation: 7/30/2018	4. Reason for Revocation: Annual Report																																																						
5. Entity Type: Limited Liability Company																																																							
6. The reinstatement requirements are: <table><tr><td>☒ Annual Reports (# of reports)</td><td>8</td><td>(report filing fee)</td><td>\$ 50</td><td>Total Fees \$</td><td>400</td></tr><tr><td>☒ Penalty fees (# of years)</td><td>6</td><td>(penalty fee)</td><td>\$ 50</td><td>Total Fees \$</td><td>300</td></tr><tr><td>☐ Replacement filing fee</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td>☒ LOGS (Tax Good Standing)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Legislative Act/Court Order</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Change of Agent Form (filing fee)</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Change of Registered Office Form</td><td>- NO FEE</td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Certificate of Correction</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Amendment (name change required)</td><td></td><td></td><td></td><td></td><td></td></tr></table>		☒ Annual Reports (# of reports)	8	(report filing fee)	\$ 50	Total Fees \$	400	☒ Penalty fees (# of years)	6	(penalty fee)	\$ 50	Total Fees \$	300	☐ Replacement filing fee	\$					☒ LOGS (Tax Good Standing)						☐ Legislative Act/Court Order						☐ Change of Agent Form (filing fee)	\$					☐ Change of Registered Office Form	- NO FEE					☐ Certificate of Correction						☐ Amendment (name change required)					
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7. Accompanied by																																																							

FILED

JUN 6 2024

BY P4XES
AL



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

CAROL WINCHESTER
5763 WILENA PL
SARASOTA, FL 34235-7640

LETTER OF GOOD STANDING

It appears from our records that **DYSPHAGIA MANAGEMENT SYSTEMS LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **DYSPHAGIA MANAGEMENT SYSTEMS LLC** is in good standing with the Rhode Island Division of Taxation as of **05/22/2024**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

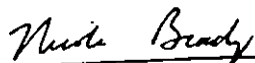
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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 only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,



NICOLE BROADY
Supervising Revenue Officer



Neena Savage
Tax Administrator

461379730:22110277
DLN: 10017361605