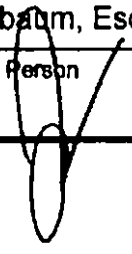


State of Rhode Island
Department of State - Business Services DivisionREC'D RIDGESS BSD
24 JUN 11 PM 2:54:47Annual Report for the year:
Limited Liability Company2023

- 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 001732161		2. Exact name of the Limited Liability Company Premier Care Dentistry of Rhode Island, LLC	
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island DENTAL MANAGEMENT COMPANY	
5. State of Formation RI			
6. Principal Office Address 1051 TEN ROD ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Jennifer Kirschenbaum, Esq.		Contact Title Counsel	
Street Address 3333 New Hyde Park Road, St 304		City New Hyde Park	State NY
		Zip 11042	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 842.			
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person Jennifer Kirschenbaum, Esq.		Date 6/10/24	
Signature of Authorized Person 			

FILED

JUN 11 2024

BY 16ZCX

AA 2:55 pm.

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov