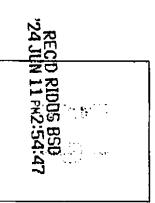


State of Rhode Island Department of State - Business Services Division

→ 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	2. Exact name of the Limited Liability Company			
001732161	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				
6. Principal Office Address		City	State	Zlp
1051 TEN ROD ROAD		NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Lis	bility Company and Name or Titl	le 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	on currently of record with the RI	Department of State is accurate. C	hanges require	filing Form 642.
	leciare and affirm that i have e nents contained herein are tru	xamined this report, including an e and correct.	y accompany	ing schedules and
Name of Authorized Person			Date	
Jennifer Kirschenbaum,		6/10/24		
Signature of Authorized Person				

FILED

JUN 11 2024

MAIL TO:

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

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