



REINSTATEMENT

1. Entity ID Number: 001720093	2. The name of the entity is: Alpha Dental Center, P.C.																											
3. Date of Revocation: 09-17-2024	4. Reason for Revocation: Annual Report																											
5. Entity Type: Foreign Business Corporation																												
6. The reinstatement requirements are: <table><tr><td>☒ Annual Reports (# of reports) 2</td><td>(report filing fee) \$ 50</td><td>Total Fees \$ 100</td></tr><tr><td>☒ Penalty fees (# of years) 1</td><td>(penalty fee) \$ 50</td><td>Total Fees \$ 50</td></tr><tr><td colspan="3">☐ Replacement filing fee \$</td></tr><tr><td colspan="3">☒ LOGS (Tax Good Standing)</td></tr><tr><td colspan="3">☐ Legislative Act/Court Order</td></tr><tr><td colspan="3">☐ Change of Agent Form (filing fee) \$</td></tr><tr><td colspan="3">☐ Change of Registered Office Form - NO FEE</td></tr><tr><td colspan="3">☐ Certificate of Correction</td></tr><tr><td colspan="3">☐ Amendment (name change required)</td></tr></table>		☒ Annual Reports (# of reports) 2	(report filing fee) \$ 50	Total Fees \$ 100	☒ Penalty fees (# of years) 1	(penalty fee) \$ 50	Total Fees \$ 50	☐ 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)		
☒ Annual Reports (# of reports) 2	(report filing fee) \$ 50	Total Fees \$ 100																										
☒ Penalty fees (# of years) 1	(penalty fee) \$ 50	Total Fees \$ 50																										
☐ 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)																												
7. Accompanied by																												

FILED

MAY 22 2025
BY SgITb
936 19



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

ALPHA DENTAL CENTER PC
ATTN: STEVEN GUARD
1165 WASHINGTON ST FLOOR 2
HANOVER, MA 02339

LETTER OF GOOD STANDING

It appears from our records that **Alpha Dental Center, P.C.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Alpha Dental Center, P.C.** is in good standing with the Rhode Island Division of Taxation as of **05/22/2025**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

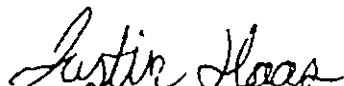
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or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


JUSTIN HAAS
Supervising Revenue Officer


Neena Savage
Tax Administrator

421532694:23452031
DLN: 10019471335