



State of Rhode Island
Department of State - Business Services Division


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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number: 001686313	2. The name of the Limited Liability Company is: Chan Orthodontic Dentistry, LLC
3. The fictitious business name to be used is: Cumberland Dental Specialists A	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 07/16/2018
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
7. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company Chan Orthodontic Dentistry, LLC	Date 6/11/25
Signature of Authorized Person 	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 956WF

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

CUMBERLAND DENTAL SPECIALISTS, INC.

Re: Use of "Cumberland Dental Specialists A" name

Dear Secretary of State:

This letter will serve as permission from Cumberland Dental Specialists, Inc., a Rhode Island Corporation, for the use of the name Cumberland Dental Specialists A, by its wholly owned subsidiary, Chan Orthodontic Dentistry, LLC, and consent to the said LLC filing a Fictitious Business Name Statement with the Rhode Island Secretary of State.

Cumberland Dental Specialists, Inc.



Benjamin Chan, sole Stockholder

DATED: June 11th, 2025



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 25, 2025 10:04 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

