



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 DEPARTMENT OF STATE
 CORPORATION DIVISION
 2019 NOV 12 12:30 PM

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
Candid Rhode Island, LLP		
2. The address of the principal office is:		
Street Address 3970 Post Road		
City/Town Warwick	State RI	Zip Code 02886
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name Vcorp Services, LLC		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Richard A. D'Avanzo, DMD	3970 Post Road, Warwick, RI 02886	
Thomas P. Shannon, DDS	3970 Post Road, Warwick, RI 02886	
Check this box to indicate an attachment <input type="checkbox"/>		

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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5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address
3970 Post Road

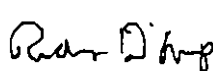
City/Town Warwick	State RI	Zip Code 02886
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6. A brief statement of the business in which the partnership is engaged in:
To provide dental services through licensed dentists and other dental professionals

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner Richard A. D'Avanzo, DMD	Date 11/7/2019
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Signature of Resident Partner
 SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner
SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner
SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

November 12, 2019 12:30 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

