



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000017382	NORTH PROVIDENCE MEDICAL SERVICES, INC.	Letter of Status / Legal Existence

Total Fee: \$22.00

Filer's Contact Information

(*Enter a contact name, mailing address and email.*)

Contact Name: LOUISE DAMATO

Business Name: NORTH PROVIDENCE MEDICAL REALTY

No. and Street: 1637 MINERAL SPRING AVE
SUITE 115

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

Contact Phone: (401) 353-1012 ext:

Contact Email: LDAMATO@NPMED.NET

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.