



**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
000505505	Ultrasound Associates Inc.	Long Form Good Standing

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: WILLIAM GREENBERG

Business Name: ULTRASOUND ASSOCIATES INC.

No. and Street: PO BOX 308

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

Contact Phone: 401-333-1010 ext:

Contact Email: WHG102@COX.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.**