



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
000790872	September, LLC	Good Standing Certificate
000164649	Blackstone Valley Eye Care, P.C.	Good Standing Certificate

Total Fee: \$42.00

Filer's Contact Information

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

Contact Name: COLLEEN FERREIRA

Business Name: SAULINO AND SILVIA, P.C.

No. and Street: 550 LOCUST STREET

City or Town: FALL RIVER

State: MA Zip: 02720 Country: USA

Contact Phone: (508) 675-7770 ext:

Contact Email: CFERREIRA@SAULINOANDSILVIA.COM

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.