



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
000134434	Triad Healthcare, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: CORY CLARK

Business Name: TRIAD HEALTHCARE, INC.

No. and Street: 80 SPRING LANE

City or Town: PLAINVILLE

State: CT Zip: 06062 Country: USA

Contact Phone: (800) 550-0540 ext:

Contact Email: CCLARK@TRIADHEALTHCAREINC.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.**