



**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
000017852	Rhode Island Medical Imaging, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: WAYNE ARRUDA

Business Name: RHODE ISLAND MEDICAL IMAGING, INC.

No. and Street: 20 CATAMORE BLVD.

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

Contact Phone: (401) 432-2520 ext:

Contact Email: WARRUDA@RIMIRAD.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.**