



**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
000787858	RI Health and Wellness LLC	Good Standing Certificate
000787858	RI Health and Wellness LLC	Letter of Status / Legal Existence

Total Fee: \$42.00

Filer's Contact Information

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

Contact Name: KRISTINE PASTO

Business Name: RI HEALTH AND WELLNESS

No. and Street: 21 CHESTNUT STREET

City or Town: SHARON

State: MA

Zip: 02067

Country: USA

Contact Phone: (781) 806-5212 ext:

Contact Email: KRISTINEPASTO@YAHOO.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.