



**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
000797723	Pediatric Dental Care of Rhode Island, Inc.	Good Standing Certificate

Total Fee: \$74.50

Filer's Contact Information

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

Contact Name: HEATHER DICKSON

Business Name: BANK OF AMERICA

No. and Street: 600 N CLEVELAND AVE
SUITE 300

City or Town: WESTERVILLE

State: OH Zip: 43082 Country: USA

Contact Phone: (614) 794-8344 ext:

Contact Email: HEATHER.N.DICKSON@BANKOFAMERICA.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.