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
000094417	OCEAN STATE HEALTH CARE CLINICS INC.	Long Form Good Standing

Total Fee: $32.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: GOPALA VASUDEVAN
Business Name: OCEAN STATE HEALTH CARE
No. and Street: 8 KENDALL DRIVE
City or Town: LINCOLN, State: RI Zip: 02865 Country: USA
Contact Phone: (401) 742-3427 ext:
Contact Email: GVASUDEVAN@UMASSD.EDU

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.