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
000909162	Anthony Michael Paolucci, D.M.D., P.C.	Good Standing Certificate

Total Fee: $22.00

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

Contact Name: ANTHONY PAOLUCCI
Business Name: ANTHONY MICHAEL PAOLUCCI, DMD, PC
No. and Street: 1545 SMITH STREET
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA
Contact Phone: (401) 419-8453 ext:
Contact Email: ANTHONY.PAOLUCCI@GMAIL.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.

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