



**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
000870029	Coventry Animal Hospital, LLC	Good Standing Certificate

Total Fee: \$260.00

Filer's Contact Information

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

Contact Name: MICHAEL KADILAK

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: (800) 360-0667 ext:

Contact Email: MICHAEL.KADILAK@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.