



**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
000745093	Greenwich Podiatry Group, LLC	Good Standing Certificate

**Total Fee: \$178.00**

**Filer's Contact Information**

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

Contact Name: DR. DAVID GOLDEN

Business Name: GREENWICH PODIATRY GROUP LLC

No. and Street: 694 MAIN STREET

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

Contact Phone: (401) 884-2821 ext:

Contact Email: DJGGOLDEN@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.**