



**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
000015533	NEW ENGLAND SURGICAL CENTER, INC.	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: ANGELA TOUSSAINT

Business Name: PRIORITY PAYMENT SYSTEMS

No. and Street: 2001 WESTSIDE PKWY SUITE 155

City or Town: ALPHARETTA

State: GA

Zip: 30004

Country: USA

Contact Phone: (855) 298-1209 ext:

Contact Email: MFQ@AEXP.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.