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
000514137	Calmar Pain Relief, LLC	Good Standing Certificate

Total Fee: $22.00

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

Contact Name: ROBERT W. SMITH
Business Name: CALMAR PAIN RELIEF, LLC
No. and Street: 211 QUAKER LANE
City or Town: WEST WARWICK State: RI Zip: 02893 Country: KEN
Contact Phone: 206-5933 ext:
Contact Email: RSMITH@CALMAR-PAINRELIEF.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.