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
000018128	LASALLE HEALTH SERVICES, INC.	Letter of Status / Legal Existence

Total Fee: $74.50

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: JACLYN LOMBARDI
Business Name: ADVANTAGE HOME MEDICAL EQUIPMENT
No. and Street: 652 E. WASHINGTON ST.
City or Town: N. ATTLEBORO State: MA Zip: 02760 Country: US
Contact Phone: 508-699-2090 ext:
Contact Email: JACLYN@ADVANTAGEHOMEMEDICAL.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.