



**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
000941872	CF Medical, LLC	Good Standing Certificate

Total Fee: \$74.50

Filer's Contact Information

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

Contact Name: MICHELLE LYON

Business Name:

No. and Street: 3850 N. CAUSEWAY BLVD
SUITE 200

City or Town: METAIRIE

State: LA

Zip: 70002

Country: US

Contact Phone: 5048283700 ext:

Contact Email: LICENSING@SESSIONS-LAW.BIZ

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.