



**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
001338193	Ocean Pacific Primary Care Center of Cypress, LLC	Good Standing Certificate
000474411	FRANK MICHAEL D'ALESSANDRO, MD, INC.	Good Standing Certificate
000206648	1191 Main Street Realty, LLC	Good Standing Certificate
000082202	LINCOLN URGENT CARE CENTER, INC.	Good Standing Certificate
000313389	EAST SIDE URGENT CARE, LLC	Good Standing Certificate

Total Fee: \$340.00

Filer's Contact Information

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

Contact Name: KEITH W. GRUEBELE

Business Name: BANKERS HEALTHCARE GROUP

No. and Street: 201 SOLAR STREET

City or Town: SYRACUSE

State: NY

Zip: 13204

Country: USA

Contact Phone: (954) 332-7327 ext:

Contact Email: ELOVELESS@BHG-INC.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.