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
000011885	Arrowhead Dental Associates Incorporated	Good Standing Certificate
000154811	Arrowhead Landscaping, LLC	Good Standing Certificate

Total Fee: $42.00

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

Contact Name: MARGARET L HOGAN
Business Name: HOGAN & HOGAN, LTD.
No. and Street: 344 MAIN STREET
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA
Contact Phone: (401) 782-4488 ext:
Contact Email: MHOGANESQ@VERIZON.NET

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.