	State of Rhode Island and Providence Plantations Office of the Secretary of StateDivision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
HOPE				
Certificate Request	Form			
Request Information (Entity Name is only required for a Certificate of Non-Existence)				
ID	ENTITY NAME		CERTIFICATE TYPE	
000004428	John T. Coletti, D.D.S Ltd.		Good Standing Certificate	
Filer's Contact Informat	tion			
	nailing address and email.)			
Contact Name: MARK	CHARLESON, ESQ.			
Business Name: PARN	AGIAN & MARINELLI, PC			
No. and Street: 2181 A	POST ROAD			
City or Town: WARV	<u>VICK</u> St	tate: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
Contact Phone: (401) 7				
Contact Email: <u>MAC@PMLAWPC.COM</u>				
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.				
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