



**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
001659387	The Reversal Clinic of Rhode Island, LLC	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: MICHAEL W. REAGOR

Business Name: DYMOND REAGOR COLVILLE, LLP

No. and Street: 8400 E. PRENTICE AVENUE, STE. 1040

City or Town: GREENWOOD VILLAGE

State: CO

Zip: 80111

Country: US

Contact Phone: 3037933400 ext:

Contact Email: MREAGOR@DRC-LAW.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.