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
000507385	Barrington Urgent Care, PC	Certificate of Fact / Certificate of Amendment

Total Fee: $84.50

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

Contact Name: DONNA WALSH
Business Name: BARRINGTON URGENT CARE
No. and Street: 310 MAPLE AVE
SUITE EMC
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA
Contact Phone: (401) 289-0011 ext:
Contact Email: DWALSH@BARRINGTONUC.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.