



**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
000549923	SouthCoast Emergency Medical Services Inc	Good Standing Certificate

Total Fee: \$100.00

Filer's Contact Information

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

Contact Name: STEPHANIE DRUM

Business Name: SOUTHCOAST EMERGENCY MEDICAL SERVICES INC

No. and Street: 360 FAUNCE CORNER ROAD

City or Town: N DARTMOUTH

State: MA Zip: 02739 Country: USA

Contact Phone: 508-999-6403 ext:

Contact Email: SDRUM@SANTOSCPAS.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.