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		
HOPE			
Certificate Request Form			
Request Information (E	ntity Name is only required for a Cen	ificate of Non-Existence)	
	, , . <u>,</u>	·····	
ID	ENTITY NAME	CERTIFICATE TYPE	
001668899	Neurology Partners, P.C.	Good Standing Certificate	
Total Fee: \$74.50			
Filer's Contact Information			
	ailing address and email.)		
1 ·	Contact Name: KATHLEEN KROESSLER, MD		
	Business Name: NEUROLOGY PARTNERS, PC		
No. and Street: 76 PARK ST			
City or Town: <u>ATTLEBORO</u> State: <u>MA</u> Zip: <u>02703</u> Country: <u>USA</u>			
	Contact Phone: 5084312026 ext:		
Contact Email: <u>KKROESSLER@NEUROLOGY-PARTNERS.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.			
מוזי ובמסטות זו ווס בוומו מענובסס זס אוסטעבע, שב שוו ובסאטווע איז וומוו.			
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