



**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
000149593	LEPRE PHYSICAL THERAPY OF NORTH PROVIDENCE, LLC	Good Standing Certificate

**Total Fee: \$44.00**

**Filer's Contact Information**

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

Contact Name: JAMES A. DONNELLY

Business Name: JAMES A. DONNELLY, ESQUIRE

No. and Street: 139 CAMDEN COURT

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

Contact Phone: (401) 792-3533 ext:

Contact Email: JIMDONNELLYLAW@GMAIL.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.**