



**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
000018405	Redleaf Chiropractic Center, Inc.	Long Form Good Standing

Total Fee: \$32.00

Filer's Contact Information

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

Contact Name: MICHAEL FISH

Business Name: MICHAEL K. FISH, CPA PA

No. and Street: 7700 N KENDALL DR, STE 405

City or Town: MIAMI

State: FL

Zip: 33156

Country: USA

Contact Phone: (305) 279-8484 ext:

Contact Email: CONTACT@MKFISHCPA.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.