



**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
000152990	Bayview Pharmacy, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: ANGELA TOUSSAINT

Business Name: PRIORITY PAYMENT SYSTEMS

No. and Street: 2001 WESTSIDE PARKWAY SUITE 155

City or Town: ALPHARETTA

State: GA

Zip: 30004

Country: USA

Contact Phone: (770) 999-9436 ext:

Contact Email: DAVID.GRAHAM@AEXP.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.**