



**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
000151776	BRANTING, LLC	Good Standing Certificate
000155958	North Providence Urgent Care, Inc.	Good Standing Certificate
000507320	Capitol Billing, LLC	Good Standing Certificate
000910031	CENTER OF NEW ENGLAND PRIMARY CARE, INC.	Good Standing Certificate
000910032	CENTER OF NEW ENGLAND URGENT CARE, INC.	Good Standing Certificate
000792320	Graceco, LLC	Good Standing Certificate
000117291	North Providence Primary Care Associates, Inc.	Good Standing Certificate

Total Fee: \$142.00

Filer's Contact Information

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

Contact Name: MICHAEL E. LEVINSON, ESQ.

Business Name: BRAINSKY LEVINSON LLC

No. and Street: 1543 FALL RIVER AVENUE
SUITE 1

City or Town: SEEKONK

State: MA Zip: 02771 Country: USA

Contact Phone: (508) 557-1910 ext:

Contact Email: MLEVINSON@BRAINSKYLEVINSON.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.